### Wade-Taxter, Megan (ISDH)

From: Reynolds, Anne

Sent: Thursday, August 09, 2018 3:34 PM

**To:** Humbarger, Cathie **Subject:** RE: records request

**Attachments:** PR#4122 TP Reports July 2018.pdf

Hello Cathie,

Please see the attached PDF document with the terminated pregnancy reports for July 2018.

Thank you,

### ANNE REYNOLDS, MPH

Vital Records Epidemiologist

Vital Records
Indiana State Department of Health
317.234.0280 office
317.233.1289 fax
AReynolds1@isdh.IN.gov
www.StateHealth.in.gov









#### Confidentiality Statement:

This message and any attachments may be confidential. If you are not the intended recipient, please 1) notify me immediately; 2) do not forward the message or attachment; 3) do not print the message or attachment; and 4) erase the message and attachment from your system.

From: Cathie Humbarger <cathie.humbarger@ichooselife.org>

Sent: Thursday, August 9, 2018 1:55:33 PM

**To:** Sautbine, Hilari A **Subject:** records request

\*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*\*



Hilari Sautbine Vital Records Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

Dear Ms. Sautbine,

Thank you so much for your quick response to our past requests for public records.

I am requesting copies of the original termination of pregnancy reports as submitted by the abortionists for terminations in Indiana from July 1, 2018 through July 31, 2018. It is my understanding that SEA 404 amended the Indiana Code to require that all abortions performed in Indiana be reported within 30 days (IC 16-34-2-5(b)). I understand that reports will be provided on discs or electronically. Please send the discs to the address below or e-mail to <a href="mailto:cathie.humbarger@ichooselife.org">cathie.humbarger@ichooselife.org</a>.

Please let me know of any cost related to this request and I will remit payment immediately.

Mail to:

Cathie Humbarger, VP Indiana Right to Life 2126 Inwood Drive Fort Wayne, IN 46815

Sincerely.

Vice President of Policy Enforcement

Indiana Right to Life

Cathie Dumbarger

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/27/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address		VE, INDIANAPOLIS, IN			town, of pregna	ncy ter	mination	. ,	County of		termination
D (1 2 state	ı		I During			INDIAN		-10			MAR	ION
Patient's age**  19	Marrie [	ed Yes No	Date of pregnar <b>07</b>	rcy term 7/03/201		Educa	tion	H		ol Diploma	or GED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	□Ur	nknown		y anic or Latin Hispanic or L		☐ Unknown
Live Births:		umber now living	0	Ouic	ı			ber now o		0 0	atmo	CHKHOWH
Other Termination	ns: N	umber of spontaneo					Numl	ber of ind	uced termi			
Dates of termination	ns (Do no	ot include this termin	ation. If more tha	ın six (6)	, those m	ost recent.)				<u> </u>		
1	2	2	3			4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus survived	l:					y preexisting cate the about		nditions of	the patient that may
7		70 : 11	0					fetal	anenceph	naly		
Fetus viable?  Yes	No	If viable, medical	reason for termin	ation:					Compli	cation(s) of P	regnancy T	Termination
								_	None			Perforation
Pathological examin	nation	If yes, results:							Hemorrhag Infection	je 📙		Laceration Products
performed?  Yes		POC							other (Spe	_	Retaillet	Froducts
res _	NO	100							- III (	-957		
								Did thi ☐ Ye			ncy result i	in a maternal death?
				Type	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy		1 ype	or reliiil	Additional Pr		e that Ter	minated P	regnancv		
☐ Medical (Nons	urgical)	Mifepristone				☐ Medical	(Nonsu	ırgical) N	Mifepriston	e		
☐ Medical (Nons ☐ Medical (Nons				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
,							Ì	surgical) Office (Specify)				
For Medical (Nonsu	ırgical) p	rocedures, answer th	e following quest	ion		For Medical (	Nonsui	rgical) pro	ocedures, a	nswer the fol	lowing que	estion
Check the box indic	_	_	-			Check the bo		_	_		-	
The manufactur		ructions provided to tient agreement	the patient						atient agree		patient	
Medical (Surgi								cal) Suction Curettage cal) Menstrual Aspiration				
☐ Medical (Surgi ■ Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi r ( <i>Specify</i> )	ration		
D&E												
For Medical (Surgio	ral) proce	edures answer the fo	llowing question			For Medical	Surgic	al) proces	durae aneu	ver the follow	ing questi	
		e a post fertilization								tilization age	- 1	
	No No	answered yes, comp	lete the following	questio	ne	_	es [		inswered v	es complete	the follow	ing questions.
		opportunity to survi	-	, question	113.		•		•	y to survive?		ing questions.
□Yes	□No						Yes [	No				
		determination that procedure to avert										t woman had a
the pregnant woman		procedure to avert	death of schous i	трантіс	ant to	the pregnan			procedure	to avert dea	ın or serio	us impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-3	4-2-3(a)	(3)	List the nam	e of the	e second	doctor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	n estimat	e of gestation (i	in week	s)	Post fe	rtilization ag	ge of the fet	tus (in weeks)
How re		20/2018	on ago data	19		18					16	
How were the gesta	tional ag	e and post fertilization	on age determined	1?								
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No	
Is the patient seeking			g any of the follow	ing?	☐ Abı	ısed		Coerced		Harassed	☐ Tra	ifficked
Full name of physic DR. HUA MENG	ian perfo	orming termination										
Address of physicia	n perforr	ning termination (nu	mber and street, o	city, state	e, and zip	code)						
720 ESKENAZI A	VE. F3,	INDIANAPOLIS, II	N 46202									
**Date Reported	to DCS	, if Patient under	16 (month, day, y	ear):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/27/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A INDIANA UNIVERSITY HE INDIANAPOLIS, IN, 46202	ALTH MET	HODIST HOSPITAL - 170	01 SENATE AVE.,		City or to	wn, of pregna	ancy teri			County of	pregnancy termination  MARION		
Patient's age** 38	Marrie [	d Yes No	Date of pregnar	ncy termir 7/05/2018		Educa	ntion		Mas	ter's Degre	ee		
Race American Indian Native Hawaiian			☐ Asian ■ White	Black Other	or Africar	n American	☐ Un			nnic or Latin Hispanic or I			
Live Births:	N	umber now living	2				Numb	ber now dec	ceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations <b>1</b>				Numb	ber of induc	ed termi	nations <b>0</b>			
Dates of termination	ns (Do no	ot include this termin	ation. If more the	an six (6),	those mos	t recent.)		5			6		
Fetus delivered alive		If yes, length of ti	me fetus survived	d:				List any p complica		_	nditions of the patient that may		
Fetus viable?		If viable, medical	reason for termin	nation:				Fetal c	ystic hy	groma, an	euploidy		
☐ Yes ■	No							■ No	•	cation(s) of F	Pregnancy Termination  Uterine Perforation		
Pathological examin	nation	If yes, results:						H€	emorrhag	e $\Box$	Cervical Laceration		
performed?		POC							fection her ( <i>Spec</i>	cify)	Retained Products		
163	110												
								Did this t	erminatio		ncy result in a maternal death?		
				Туре о	of Termina	ntion Procedu	ires						
Procedure that Term	ninated P	regnancy				Additional Procedure that Terminated Pregnancy							
☐ Medical (Nonsu ☐ Medical (Nonsu						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol							
Medical (Nonsu	urgical)	Other (Specify)			Medical (Nonsurgical) Misoprostol  Medical (Nonsurgical) Other (Specify)								
For Medical (Nonsu Check the box indic	eating the		ere completed	tion		Check the be	ox indic	ating the fo	ollowing		=		
☐ The patient sign	ed the pa	tient agreement				The patient signed the patient agreement							
Medical (Surgion Medical (Surgio	cal) Mer	nstrual Aspiration			l l	<ul> <li>☐ Medical (Surgical) Suction Curettage</li> <li>☐ Medical (Surgical) Menstrual Aspiration</li> <li>☐ Medical (Surgical) Other (Specify)</li> </ul>							
For Medical (Surgic	al) proce	edures, answer the fo	llowing question			For Medical	(Surgical	al) procedu	res. answ	er the follow	ving question.		
Was the fetus viable		e a post fertilization	• .				tus viab				e at least 20 weeks?		
If the previous quest	tion was the best	answered yes, comp opportunity to surviv		g questions	s.	Was the fet	•	n the best o	•	es, complete y to survive?	the following questions.		
What was the ba	sis for ired the	determination that procedure to avert of				What was	the ba	asis for de			e pregnant woman had a th or serious impairment to		
List the name of the	second d	octor present, as requ	ired under IC 16-3	34-2-3(a)(3	3)	List the nan	ne of the	e second do	ector pres	ent, as requi	ired under IC 16-34-2-3(a)(3)		
Date last normal me	estimate (	of gestation (	in week:	s)	Post fe	rtilization ag	ge of the fetus (in weeks) 12						
How were the gestat	tional ag	e and post fertilization	on age determined	d?									
Was a waiver of cons					Was a	waiver of no	tificatio	on obtained	? [	Yes	■ No		
Is the patient seeking			g any of the follow	ving?	Abuse	ed		Coerced		Harassed	☐ Trafficked		
Full name of physics  DR. HUA MENG	ian perfo	rming termination											
Address of physician	-	-		city, state,	, and zip c	ode)							
720 ESKENAZI AV	/Ŀ. F3, I	NDIANAPOLIS, IN	N 46202										
**Date Reported	to DCS	, if Patient under	16 (month, day, y	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/06/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Patient's age** Married Date of pregr					town, of pre	gnancy te			County of pre	gnancy termination MARION	
Patient's age** 34		d Yes No	Date of pregna	ncy termi 7/06/201		Edi	ucation	ŀ	ligh Scho	ool Diploma o	r GED	
	n or Othe	ka Native or Pacific Islander umber now living	Asian White	☐ Black ■ Other		an Americai	U	nknown ber now o	☐ Not I	y anic or Latino Hispanic or Lati	no 🔲 Unknown	
Live Births:	N	umber of spontaneou	2						luced termi	0 nations		
Other Termination	15.		0	. (6)			INUIII	oci oi inc	iuccu terriri	1		
2008	1S ( <i>Do no</i> 2	ot include this termin	ation. If more the	an six (0)	, those me	ost recent.) 4.		5.		6.		
Fetus delivered alive		If yes, length of ti		d:					y preexistin	-	tions of the patient that may	
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for termin	nation:					None		gnancy Termination Uterine Perforation	
Pathological examir performed?		If yes, results:							Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products	
								Did thi ☐ Ye			result in a maternal death?	
				Туре	of Termi	nation Proce	dures					
Procedure that Term		• •			Additional Procedure that Terminated Pregnancy							
Medical (Nons)     Medical (Nons)     Medical (Nons)	urgical)	Misoprostol										
The patient sign  Medical (Surgi	eating the rer's instructed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage astrual Aspiration	ere completed	ition		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)						
☐ Yes	le or hav ☐ No	e a post fertilization	age at least 20 w	eeks?		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No						
	the best	answered yes, comp opportunity to surviv		g question	ns.	Was the	-	n the best	-	es, complete the ty to survive?	e following questions.	
	ired the	determination that procedure to avert of				conditio		uired the			oregnant woman had a or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16-	34-2-3(a)(	(3)	List the n	ame of th	e second	doctor pres	sent, as required	d under IC 16-34-2-3(a)(3)	
Date last normal me	n estimate	e of gestatio	n (in weel	ks)	Post fe	ertilization age o	of the fetus (in weeks) 7					
How were the gesta	_	-	on age determine	d?								
Was a waiver of cons						a waiver of					■ No	
Is the patient seeking			any of the follow	ving?	Abu	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. JEFFREY D. C	_											
Address of physicia 1201 N ARLINGTO	-	-		city, state	e, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	RILLVILLE - 8645 CONNEC	CTICUT STREET,		City or	town, of pre	gnancy te		l	County of p	oregnancy termination  LAKE	
Patient's age** 22	Marrie	ed ☐ Yes ■ No	Date of pregn	ancy term		Edi	ucation	ŀ	High Scho	ol Diploma	or GED	
	n or Othe	ka Native or Pacific Islander number now living	Asian White	■ Blac		an Americai	U	nknown ber now	Not I	/ anic or Latino Hispanic or La		
Live Births:			1							0		
Other Termination	15.	umber of spontaneou	0				Num	ber of inc	duced termi	0		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	han six (6	), those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti		ed:		<del></del>			y preexistin		ditions of the patient that may	
E 4 : 11.9		TC : 11	<u> </u>	••				N/A				
Fetus viable?  Yes  Yes	No	If viable, medical	reason for term	ination:					None		regnancy Termination Uterine Perforation Cervical Laceration	
Pathological examin	nation	If yes, results:							Hemorrhag Infection	е <u> </u>	Retained Products	
performed?  Yes	No								Other (Spec	_	1.00000	
								Did th			ncy result in a maternal death?	
				Tyma	of Termi	nation Proces	dures	<u>,                                  </u>				
Procedure that Term	ninated P	regnancy		1 ype	OI ICIIII	Additional Procedure that Terminated Pregnancy						
☐ Medical (Nonsi	urgical)	Mifepristone			☐ Medical (Nonsurgical) Mifepristone							
Medical (Nonsi					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
	cating the	rocedures, answer the following items we ructions provided to	ere completed	estion		Check the	box indi	cating the	following	nswer the foll items were c vided to the p	=	
☐ The patient sign	ed the pa	tient agreement				The patient signed the patient agreement						
Medical (Surgion Medica	cal) Mei	nstrual Aspiration				<ul> <li>Medical (Surgical) Suction Curettage</li> <li>Medical (Surgical) Menstrual Aspiration</li> <li>Medical (Surgical) Other (Specify)</li> </ul>						
	le or hav	edures, answer the fo	• 1			Was the	fetus via	ble or hav			ring question. e at least 20 weeks?	
	■ No tion was	answered yes, comp	lete the following	ng questio	ons.	_		☐ No tion was :	answered v	es, complete t	the following questions.	
	the best	opportunity to surviv				Was the	•	n the bes	•	y to survive?	• .	
	ired the	determination that procedure to avert of				conditio		uired the			e pregnant woman had a th or serious impairment to	
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	0(3)	List the n	ame of th	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	_	an 12/2018		Physicia	an estimat	e of gestatio 8	n (in weel	cs)	Post fe	rtilization age	e of the fetus (in weeks)  6	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
Was a waiver of cons					Was	a waiver of	notification	on obtain	ed?	Yes	■ No	
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic <b>DR. MANDY GITTI</b>	_	rming termination										
Address of physicia 8645 CONNECTIC	n perform	-			te, and zip	code)					-	
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or town, of pregnancy termination INDIANAPOLIS MARION  Education							
Patient's age** 27	Marrie	ed Yes No	Date of pregnancy term 07/06/20		Educa	tion	High Scl	nool Diploma or GED			
Race American Indian Native Hawaiian Live Births:	n or Othe		☐ White ☐ Oth		an American			spanic or Latino t Hispanic or Latino  Unknown			
	N	umber of spontaneou	2 us terminations			Numb	per of induced terr	minations 0			
Other Termination	15.		ation. If more than six (	6) those m	ost recent )			0			
1.	2	2	3		4		5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				List any preexis complicate the a	ting medical conditions of the patient that may bortion			
Fetus viable?  ☐ Yes ■	No	If viable, medical	reason for termination:				■ None	clication(s) of Pregnancy Termination  Uterine Perforation			
Pathological examir	nation	If yes, results:					☐ Hemorrh ☐ Infection				
performed?  Yes	No	CHORIONIC VIL	LAE, GESTATIONAL	. SAC			Other (S <sub>I</sub>	_			
	110		,,								
							Did this termina  ☐ Yes  ■	ation of pregnancy result in a maternal death?			
			Typ	e of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy			Additional Procedure that Terminated Pregnancy						
☐ Medical (Nons				☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol							
Medical (Nonsi							rgical) Other (Sp				
Check the box indic	cating the rer's instr led the pa		ere completed		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage						
	cal) Mei	nstrual Aspiration			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
Was the fetus viab ☐ Yes	le or hav		age at least 20 weeks?		Was the fe □ Y	tus viab /es [	le or have a post No	swer the following question. fertilization age at least 20 weeks?			
	the best	answered yes, compoportunity to surviv	lete the following questive?	ons.	Was the fet	-	the best opportu	yes, complete the following questions.  nity to survive?			
	ired the		the pregnant woman death or serious impairs			hat requ	ired the procedu	nation that the pregnant woman had a re to avert death or serious impairment to			
List the name of the <b>n/a</b>	second d	octor present, as requi	ired under IC 16-34-2-3(a	1)(3)	List the nam	e of the	second doctor pr	resent, as required under IC 16-34-2-3(a)(3)			
Date last normal me	-	an <b>/23/2018</b>	Physic	ian estimat	e of gestation (a	in weeks	Post Post	fertilization age of the fetus (in weeks)  6			
How were the gestar ULTRASOUND EX	tional ag	e and post fertilization	=					· ·			
Was a waiver of cons				Was	a waiver of not	tificatio	n obtained?	☐ Yes ■ No			
Is the patient seeking	an aborti	on as a result of being	any of the following?	☐ Abı	ısed	□ C	Coerced	Harassed Trafficked			
Full name of physic DR. JEFFREY D. O	_					_					
			mber and street, city, sto	ate, and zip	code)						
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	RILLVILLE - 8645 CONNE		City or town, of pregnancy termination  MERRILLVILLE  County of pregnancy te  LAKE  ney termination  Education					oregnancy termination  LAKE			
Patient's age** 25	Marrie [	ed Yes No		ncy term 7/03/201		Ec	ucation		Some Co	ollege, No D	egree	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Black		an America		Unknown	ı ☐ Not I	/ anic or Latino Hispanic or La	o atino 🔲 Unknown	
Live Births:		umber now living	2						deceased	0		
Other Termination	15.	umber of spontaneou	1				Nu	mber of ii	nduced termi	nations 1		
Dates of termination  1. UNKNOWN		ot include this termin  UNKNOWN	ation. If more th	an six (6)	), those m	ost recent.) 4.		5.			6.	
Fetus delivered alive		If yes, length of ti		ed:				comp	olicate the abo		ditions of the patient that may	
Fetus viable?		If viable, medical	reason for termi	nation:				N/A				
Yes •	No	ii viuoto, induidui	1040011					•	None		regnancy Termination  Uterine Perforation	
Pathological examin	nation	If yes, results:						┨ ¦	Hemorrhag Infection	e 🗆	Cervical Laceration Retained Products	
performed?  Yes	No								Other (Spec	_	100000	
								Did ti			ncy result in a maternal death?	
				Type	of Termi	nation Proc	edures					
Procedure that Term	ninated P	regnancy		J1 -		Additional Procedure that Terminated Pregnancy						
<ul><li>Medical (Nonso</li><li>Medical (Nonso</li><li>Medical (Nonso</li></ul>	urgical)	Misoprostol			<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>							
For Medical (Nonsu Check the box indic  The manufactur  The patient sign	cating the rer's instr	e following items we ructions provided to	ere completed	Check th	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement							
☐ Medical (Surgion	cal) Suc	tion Curettage										
For Medical (Surgic		edures, answer the fo	• .			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes	☐ No					[	Yes	☐ No				
If the previous quest Was the fetus given  ☐ Yes [	the best	opportunity to survi		g questio	ns.	Was the	_	ven the be	-	es, complete t y to survive?	the following questions.	
	ired the	determination that procedure to avert of				condition		equired th			pregnant woman had a h or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the	name of t	the second	d doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	n estimat	e of gestation	on (in we	eks)	Post fe	rtilization age	e of the fetus (in weeks) 7					
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons		100				a waiver of				Yes	■ No	
Is the patient seeking			g any of the follow	wing?	Abu	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic <b>DR. MANDY GITTI</b>	_	rming termination										
Address of physician 8645 CONNECTION	-	-			e, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/06/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Patient's age** Married Date of pregna					City or town, of pregnancy termination  MERRILLVILLE  LAKE  acy termination  Education					pregnancy termination  LAKE	
Patient's age** 26		ed Yes No		ancy term 07/03/20		Edu	cation		Some Co	ollege, No D	)egree	
	n or Othe	ka Native or Pacific Islander number now living	Asian White	☐ Blac ■ Othe		an American		nknown ber now d	■ Not I	/ anic or Latino Hispanic or L		
Live Births:	N	umber of spontaneou	1						uced termi	0		
Other Termination	15.		0		`\		INUITE	oci oi iiidi	ucca termi	1		
Lates of termination	1S ( <i>Do no</i> 2	ot include this termin 	ation. If more th	nan six (0	), those m	ost recent.) 4.		5.			6.	
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:				complic	preexisting preexi		nditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				N/A				
Yes Yes	No	ii viable, incurcar	reason for term	mation.				_	None		regnancy Termination  Uterine Perforation  Cervical Laceration	
Pathological examin	nation	If yes, results:							Hemorrhag nfection	е <u> </u>		
performed?  Yes	No							_	Other (Spec	_		
								Did this ☐ Yes			ncy result in a maternal death?	
				Tyne	of Termi	nation Proced	ures	-				
Procedure that Term	ninated P	regnancy		717		Additional Procedure that Terminated Pregnancy						
Medical (Nonsi	urgical)	Misoprostol				<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>						
I Wiedical (140h)	urgicur)	other (specify)				Wiedle	ar (1401130	ingicui) C	other (spec	997		
☐ The manufactur	cating the rer's instr	e following items we ructions provided to	ere completed	estion		Check the	oox indic inufactur	eating the er's instru	following actions pro	items were c vided to the J	=	
The patient sign						☐ The patient signed the patient agreement ☐ Medical (Surgical) Suction Curettage						
Medical (Surgi	cal) Mei	nstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
	le or hav	edures, answer the fo	• 1			Was the	fetus viab	ole or have			ving question.	
	■ No tion was	answered yes, comp	lete the followir	ng questio	ons.	_	_	☐ No tion was a	nswered y	es, complete t	the following questions.	
Was the fetus given  ☐ Yes [		opportunity to surviv	ve?				etus giver Yes [		opportunit	y to survive?		
	ired the	determination that procedure to avert of					that requ	uired the			e pregnant woman had a th or serious impairment to	
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	0(3)	List the na	me of the	e second o	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	_	an 14/2018		Physicia	an estimat	e of gestation <b>7</b>	(in week	s)	Post fe	rtilization age	e of the fetus (in weeks)  5	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons						a waiver of n				Yes	■ No	
Is the patient seeking			any of the follo	wing?	☐ Abı	ised		Coerced		Harassed	☐ Trafficked	
Full name of physic <b>DR. MANDY GITTI</b>	_	rming termination										
Address of physician 8645 CONNECTION	-	-			te, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/06/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address O OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	town, of pregna	•			County of p	pregnancy termination  LAKE	
Patient's age**	Marrie	ed .	Date of pregn	ancy termi	nation	Educa	tion					
18		Yes ■ No	(	07/03/201	8				,	th, No Diplo	oma	
Race American India Native Hawaiia	n or Othe	r Pacific Islander	Asian White	☐ Black		an American		known	■ Not I	/ anic or Latino Hispanic or L		
Live Births:	N	umber now living	0					er now c		0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 0		
Dates of termination		ot include this termin	v			*						
1						4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may	
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Complic	cation(s) of P	regnancy Termination	
									None		Uterine Perforation	
Pathological examin	nation	If you regulte:							Hemorrhag	е 🗆	Cervical Laceration	
performed?	nation	If yes, results:						_	Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal death?	
		1						☐ Ye	s 🔳 N	υ		
				Туре	of Termi	nation Procedur						
Procedure that Tern		• •				Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone						
☐ Medical (Nons ☐ Medical (Nons									Aifepriston Aisoprostol			
Medical (Nons									Other (Spec			
		rocedures, answer th		estion							lowing question	
	-	e following items we	•			Check the bo				items were c vided to the		
The manufactur		ructions provided to tient agreement	tne patient						itient agree		patient	
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi r (Specify)	ration		
	icur) our	or (Specify)				Micalcur	(Suigic	ui) Oliic	г (Бресцу)			
		edures, answer the fo				For Medical						
	le or have No	e a post fertilization	age at least 20 v	weeks?		Was the fe		le or hav  No	e a post fer	tilization age	e at least 20 weeks?	
_	_	answered yes, comp	lete the following	ng questior	ns.	_			nswered ye	es, complete	the following questions.	
	n the best □No	opportunity to surviv	ve?						opportunit	y to survive?		
	_		a	-	,		Yes [					
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to	
the pregnant woman				•		the pregnan			1			
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
N/A						<u> </u>						
Date last normal me	_			Physician	n estimat	e of gestation (i	n weeks	s)	Post fe	rtilization ag	e of the fetus (in weeks)	
How were the gesta		11/2018 e and post fertilization	n age determin	ed?		12					10	
ULTRASOUND		p 500 101111124110										
Was a waiver of cons	sent obtain	ned?	s • N	Jo	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No	
		on as a result of being			Abu			Coerced		Harassed	☐ Trafficked	
Full name of physic												
DR. MANDY GITT	LER											
Address of physicia 8645 CONNECTIO	-	ning termination (nu.			e, and zip	code)						
30-3 CONNECTIO	, o i o i r	LLI, WILNNILLVI	LLL, 114 404 IU									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/06/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address O OF MERR	ILLVILLE - 8645 CONNE	CTICUT STREET,		City or t	town, of pregna	•			County of p	pregnancy termination  LAKE		
Patient's age**	Marrie	d	Date of pregn	ancy termi	ination	Educa	tion						
34		Yes No	(	07/03/201	8					ollege, No D	Degree		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black		an American		known	■ Not I	y anic or Latino Hispanic or L			
Live Births:	N	umber now living	2				Numb	er now d	eceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of ind	uced termi	nations 1			
		ot include this termin								<u> </u>			
1. <b>2016</b>						4		5			6		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:				-	cate the abo	-	nditions of the patient that may		
								N/A					
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Complia	cation(s) of P	regnancy Termination		
	110							• 1	None	_	Uterine Perforation		
Pathological examin	nation	If you may ltg:						☐ I	Hemorrhag	ge 🔲	Cervical Laceration		
performed?	nation	If yes, results:							nfection		Retained Products		
☐ Yes ■	No								Other (Spec	cify)			
								Did this	s termination		ncy result in a maternal death?		
				Tyne	of Termi	nation Procedur	res						
Procedure that Term	ninated P	regnancy		1,700	J. 1011111			e that Ter	minated Pi	regnancy			
☐ Medical (Nons	urgical)	Mifepristone				Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone							
☐ Medical (Nons ☐ Medical (Nons						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
	,	1 00,					`	mangreat, Salet (Speedy)					
For Medical (Nonsu	ırgical) pı	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pro	ocedures, a	nswer the foll	lowing question		
	-	e following items we	•			Check the bo	x indic	ating the	following	items were c	completed		
The manufacture The patient sign		ructions provided to tient agreement	the patient						ictions pro itient agree	ovided to the perment	patient		
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ige			
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi r (Specify)				
	,	(1 33)				_	` ` `						
For Medical (Surgice	nal) mraaa	edures, answer the fo	llavving quartia			F M E 1	(C :	I)	1	41 6 11	<del></del>		
, -		e a post fertilization	• .			For Medical ( Was the fe					oring question.  e at least 20 weeks?		
☐ Yes	■ No	_					es [	No	•				
		answered yes, comp opportunity to surviv		ng questioi	ns.	-	•		•	es, complete ty ty to survive?	the following questions.		
	□No						Yes [		оррогия	ij to sai rive.			
		determination that									e pregnant woman had a		
the pregnant woman		procedure to avert of	death or serious	s impairme	ent to	condition the the pregnan			procedure	to avert deat	th or serious impairment to		
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)		
N/A		r , 1			(-)				<b>r</b>	1	- ()(-)		
Date last normal me	_	an 30/2018		Physicia	n estimat	e of gestation (i	in weeks	5)	Post fe	ertilization ag	ge of the fetus (in weeks)		
How were the gesta		e and post fertilization	on age determin	ed?		12					10		
ULTRASOUND		•											
Was a waiver of cons	sent obtain	ned?	s • N	No	Was	a waiver of not	ificatio	n obtaine	ed?	☐ Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	g any of the follo	owing?	Abu	ised		Coerced		Harassed	☐ Trafficked		
Full name of physic DR. MANDY GITT	_	rming termination											
		ning termination (nu	mber and street	t, city, state	e, and zip	code)							
8645 CONNECTIO	CUT STR	REET, MERRILLVI	LLE, IN 46410	0									
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC		City or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE  County of pregnancy termination  LAKE					oregnancy termination  LAKE				
Patient's age** 31	Marrie	d Yes No		ancy term 07/03/201		Edu	cation	F	ligh Scho	ol Diploma	or GED		
Race American Indian Native Hawaiian Live Births:	n or Othe		Asian White	☐ Blac		an American		nknown ber now o	■ Not I	y anic or Latino Hispanic or La			
	N	umber of spontaneou	0 us terminations				Numl	ber of ind	luced termi	nations			
Other Termination  Dates of termination	15.		0	han siv (6	\ those m	ast magant )				0			
1	2		3	mun six (0,	, mose m	4		5			6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo		ditions of the patient that may		
Fetus viable?		If viable, medical	reason for term	ination:				N/A					
Yes Yes	No	ii viable, incurcar	reason for term	imation.				_	None		regnancy Termination  Uterine Perforation		
Pathological examin	nation	If yes, results:							Hemorrhag Infection	e 🗆	Cervical Laceration Retained Products		
performed?  Yes	No								Other (Spec	_	retained Froducts		
								Did thi ☐ Ye			ncy result in a maternal death?		
				Type	of Termi	nation Proced	lures						
Procedure that Term	ninated P	regnancy		Jr		Additional Procedure that Terminated Pregnancy							
Medical (Nonsi						☐ Medical (Nonsurgical) Mifepristone							
Medical (Nonsi					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
For Medical (Nonsu Check the box indic	cating the	e following items we	ere completed	estion		Check the	oox indic	ating the	following	items were co	_		
The manufactur  The patient sign		ructions provided to tient agreement	the patient			☐ The manufacturer's instructions provided to the patient ☐ The patient signed the patient agreement							
☐ Medical (Surgion	cal) Suc	tion Curettage				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
		edures, answer the fo e a post fertilization	• .			Was the	fetus viab			ver the follow rtilization age	ing question. at least 20 weeks?		
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to surviv		ng questio	ons.	Was the f	-	n the best	-	es, complete t ty to survive?	the following questions.		
	ired the	determination that procedure to avert of					that requ	uired the			pregnant woman had a h or serious impairment to		
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the na	me of the	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
Date last normal me	05/	05/2018		-	an estimat	e of gestation <b>7</b>	(in week	s)	Post fe	ertilization age	e of the fetus (in weeks)  5		
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?									
Was a waiver of cons					Was	a waiver of r				Yes	■ No		
Is the patient seeking			g any of the follo	wing?	☐ Abu	ısed		Coerced		Harassed	☐ Trafficked		
Full name of physic <b>DR. MANDY GITTI</b>	-	rming termination											
Address of physicia 8645 CONNECTIC	n perforn	-			te, and zip	code)							
**Date Reported	to DCS	, if Patient under	16 (month, dav.	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	D OF MERR	ILLVILLE - 8645 CONNE	CTICUT STREET,		City or t	town, of pregna	•			County of		y termination <b>AKE</b>
Patient's age**	Marrie	d	Date of pregn	nancy termi	ination	Educa	tion					
36	_	Yes No	(	07/03/201	8				Bach	elor's Deg	ree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	■ Black		an American		known	■ Not l	y anic or Latin Hispanic or L		☐ Unknown
Live Births:	N	umber now living	2				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations 4		
Dates of termination 1. 1998		t include this termin	ation. If more to			ost recent.) 4. <b>2007</b>		5	2016		6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	/ed:					y preexisting the about		nditions o	of the patient that may
								N/A				
Fetus viable?	N	If viable, medical	reason for term	nination:					Compli	cation(s) of P	regnancy	y Termination
☐ Yes ■	No								None			e Perforation
									Hemorrhag	_		al Laceration
Pathological examin performed?	nation	If yes, results:							Infection		Retain	ed Products
Yes •	No								Other (Spec	cify)		
											ncy resul	t in a maternal death?
								☐ Ye	es 🔳 N	0		
				Type	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy				Additional Procedure that Terminated Pregnancy						
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						
Medical (Nons					Medical (Nonsurgical) Other (Specify)							
For Medical (Nonsu				estion		For Medical (						
Check the box indic	-	•	-			Check the bo		_	_	items were ovided to the		d
The manufacture.  The patient sign		uctions provided to tient agreement	the patient						atient agree		patient	
Medical (Surgi									ion Curetta			
☐ Medical (Surgi		nstrual Aspiration er (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
, ,	ŕ						, ,					
- M 1: 1/G :	1)	1 6	11									<del></del>
For Medical (Surgio		dures, answer the fo e a post fertilization				For Medical				ver the follow rtilization age		
☐ Yes	☐ No	_				☐ Y	es [	No	_			
If the previous ques				ng questior	18.	_	-		-	-		wing questions.
	∏No	opportunity to survi	ver				us given Yes [		t opportuni	ty to survive?	•	
What was the ba	sis for	determination that	the pregnant	woman h	ad a	What was	the ha	sis for	determina	tion that the	e nregna	ant woman had a
condition that requ	uired the	procedure to avert				condition the	hat requ	ired the				ious impairment to
the pregnant woman	n?					the pregnan	t womai	n?				
List the name of the	List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)										r IC 16-34-2-3(a)(3)	
Date last normal me	enses hea	an		Physician	n estimat	e of gestation (i	in weeks	5)	Post fe	ertilization ag	e of the t	fetus (in weeks)
		7		- /			5	()				
How were the gesta	tional age	e and post fertilization	on age determin	ned?								
ULTRASOUND												
Was a waiver of cons					<b>-</b>	a waiver of not			ed?	Yes	■ No	
Is the patient seeking			g any or the follo	owing!	∐ Abu	isea	⊔ с	coerced	L	Harassed	ЦΤ	rafficked
Full name of physic <b>DR. MANDY GITT</b>	-	rming termination										
Address of physicia	ın perforn	-			e, and zip	code)						
8645 CONNECTIO	CUT STR	EET, MERRILLVI	LLE, IN 46410	0								
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/06/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	RILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	town, of pro	egnancy RRILLV		tion	County of p	oregnancy termination  LAKE	
Patient's age** 26	Marrie	ed ☐ Yes ■ No	Date of pregna	ncy term 7/03/201		Ec	lucation		High Scho	ol Diploma	or GED	
	n or Othe	ka Native or Pacific Islander number now living	Asian White	Black		an America		Unknow		nnic or Latino Hispanic or La		
Live Births:			3							0		
Other Termination	15.	umber of spontaneou	0				Nu	imber of	f induced termin	nations <b>0</b>		
Dates of termination	is (Do no	ot include this termin	ation. If more the	an six (6)	), those m	ost recent.)			5		6	
Fetus delivered alive		If yes, length of ti		d:		7			st any preexisting		ditions of the patient that may	
Fetus viable?		TC : 11	C					N/	/A			
Yes Yes	No	If viable, medical	reason for termin	nation:					None		regnancy Termination  Uterine Perforation	
Pathological examin	nation	If yes, results:							<ul><li>☐ Hemorrhag</li><li>☐ Infection</li></ul>	e ⊔ □	Cervical Laceration Retained Products	
performed?  Yes	No								Other (Spec	_	100000	
									d this termination		ncy result in a maternal death?	
				Tyne	of Termi	nation Proc	edures	•				
Procedure that Term	ninated P	regnancy		- JPC	of Termination Procedures  Additional Procedure that Terminated Pregnancy							
Medical (Nonsi						☐ Medical (Nonsurgical) Mifepristone						
Medical (Nonsi					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
For Medical (Nonsu Check the box indic	cating the		ere completed	stion		Check th	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient					
■ The patient sign	ed the pa	tient agreement				The patient signed the patient agreement						
Medical (Surgion Medica	cal) Mei	nstrual Aspiration										
For Medical (Surgic			• .			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
	le of hav  ☐ No	e a post fertilization	age at least 20 w	eeks?			Yes	nable of No		unzation age	at least 20 weeks?	
	the best	answered yes, comp opportunity to survi-		g questio	ns.	Was the	fetus gi		best opportunit	_	the following questions.	
	ired the	determination that procedure to avert of				condition		equired			pregnant woman had a h or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16-	34-2-3(a)	(3)	List the	name of	the seco	and doctor pres	ent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	n estimat	e of gestation	on (in we	eeks)	Post fe	rtilization ago	e of the fetus (in weeks)  5					
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	d?								
Was a waiver of cons						a waiver of				Yes	■ No	
Is the patient seeking			any of the follow	ving?	☐ Abu	ised		Coerce	ed 🔲	Harassed	☐ Trafficked	
Full name of physic <b>DR. MANDY GITTI</b>	_	rming termination										
Address of physicia 8645 CONNECTIC	n perform	-			e, and zip	code)						
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):		_						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address O OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	town, of pregna	•			County of p	pregnancy termination  LAKE	
Patient's age**	Marrie	ed .	Date of pregn	ancy termi	nation	Educa	tion					
40		Yes No	(	07/03/201	8				,	ollege, No D	Degree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American		ıknown	■ Not I	/ anic or Latino Hispanic or L		
Live Births:	N	umber now living	0				Numb	er now d	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of ind	uced termi	nations 2		
Dates of termination  1. 2015		t include this termin UNKNOWN	ation. If more th			ost recent.) <sub>4.</sub> <b>UNKNOWN</b>	ı	5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin	-	nditions of the patient that may	
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Complie	cation(s) of P	regnancy Termination	
	110							<b>■</b> 1	None		Uterine Perforation	
Dath alogical avamin	nation	If yes, results:						I	Hemorrhag	e 🗆	Cervical Laceration	
Pathological examin performed?	nation	ii yes, iesuits.							Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
								Did thi			ncy result in a maternal death?	
		•		Time	of Tarmi	nation Drosader	rec					
Procedure that Term	ninated P	regnancy		1 ype (	Additional Procedure that Terminated Pregnancy							
☐ Medical (Nons		• •							//////////////////////////////////////	•		
☐ Medical (Nons ☐ Medical (Nons									Misoprosto Other (Spec			
ivicultar (140hs	urgicar)	Other (Specify)				Wiedicar	(1voiisu	ingicai) C	ottici (spec	<i>(Jy)</i>		
For Madical (Noneu	raigal) n	rocedures, answer th	o following aug	oction		For Madical	Nongur	raigal) pro	aaduras a	ngwar tha fall	lowing question	
		e following items we		Stion		Check the bo						
		ructions provided to	the patient						-	vided to the	patient	
The patient sign  Medical (Surgi					☐ The patient signed the patient agreement ☐ Medical (Surgical) Suction Curettage							
Medical (Surgi	ical) Mer	nstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
Medical (Surgi	ical) Oth	er (Specify)				Medical (Surgical) Other (Specify)						
, -		edures, answer the fo	• 1			For Medical						
	le or hav	e a post fertilization	age at least 20 v	weeks?		Was the fe		ole or hav No	e a post fei	tilization age	e at least 20 weeks?	
	_	answered yes, comp	lete the following	ng question	ıs.	_			nswered y	es, complete	the following questions.	
	n the best □No	opportunity to surviv	ve?				us giver Yes [		opportunit	y to survive?		
	_	datamaination that	the prognant	waman ha	ad a							
condition that requ	uired the	determination that procedure to avert of				condition the	hat requ	ired the			e pregnant woman had a th or serious impairment to	
the pregnant woman	n?					the pregnan						
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(	3)	List the nam	e of the	second of	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	enses hea	an		Physician	n estimat	e of gestation (i	in wook	c)	Poet fa	rtilization ac	ge of the fetus (in weeks)	
Date last normal life	_	06/2018		1 mysiciai	. Comman	8	WEEK	• /	1 031 10	zacion ag	6	
_	tional ag	e and post fertilization	on age determin	ed?					•			
ULTRASOUND												
Was a waiver of cons						a waiver of not			ed?	Yes	No No	
		on as a result of being	any or the follo	wiilg!	☐ Abu	iseu		Coerced	L	Harassed	☐ Trafficked	
Full name of physic DR. MANDY GITT	_	rming termination										
	-	ning termination (nu			e, and zip	code)						
8645 CONNECTIO	UT STR	KLET, MERRILLVI	LLE, IN 4641(	U								
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	EILLVILLE - 8645 CONNE	CTICUT STREET,		City or t	town, of preg	nancy ter			County of p	oregnancy termination  LAKE	
Patient's age** 27	Marrie [	ed Yes No	Date of pregna	ancy term 07/03/201		Edu	cation		Bach	elor's Degr	ee	
	n or Othe	ka Native or Pacific Islander number now living	☐ Asian ■ White	☐ Blac		an American	☐ Ur	ıknown ber now de	■ Not I	/ anic or Latino Hispanic or La		
Live Births:	N	umber of spontaneou	0 us terminations				Numl	ber of indu	iced termi	nations		
Other Termination	15.	ot include this termin	0	an six (6	) those m	ost recent )	1,011			1		
2016	2	n inciude inis termin	3	un six (0)	), inose m	4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				complic	preexistin ate the abo		nditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination.				N/A				
Yes Yes	No	ii viaole, inealear	reason for term	inacion.				_	lone		Uterine Perforation	
Pathological examin	nation	If yes, results:							Iemorrhag nfection	е <u> </u>	Cervical Laceration Retained Products	
performed?  Yes	No							_	Other (Spec	_		
								Did this			ncy result in a maternal death?	
		•	Type	of Termi	nation Proced	dures	,	•				
Procedure that Term	ninated P	regnancy		- 1100	Additional Procedure that Terminated Pregnancy							
Medical (Nonsi					☐ Medic							
Medical (Nonsi									lisoprostol ther (Spec			
	cating the	rocedures, answer the following items we ructions provided to	ere completed	stion		Check the	box indic	ating the	following	items were c	=	
☐ The patient sign					☐ The manufacturer's instructions provided to the patient ☐ The patient signed the patient agreement							
Medical (Surgion Medica	cal) Mer	nstrual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgic	pal) proce	adurac answer the fo	llowing question	n		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab		e a post fertilization	• 1			Was the	fetus viał				e at least 20 weeks?	
	the best	answered yes, comp opportunity to survi		ng questio	ons.	Was the f	-	n the best	-	es, complete t y to survive?	the following questions.	
	ired the	determination that procedure to avert of					that requ	uired the p			e pregnant woman had a th or serious impairment to	
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	(3)	List the na	ume of the	e second d	loctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	_	an 13/2018		Physicia	an estimat	e of gestation	(in week	rs)	Post fe	rtilization age	e of the fetus (in weeks) 5	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?					•			
Was a waiver of cons		100			Was a waiver of notification obtained? Yes No							
Is the patient seeking			g any of the follo	wing?	☐ Abu	ised		Coerced		Harassed	☐ Trafficked	
Full name of physic <b>DR. MANDY GITTI</b>	-	rming termination										
Address of physicia 8645 CONNECTIC	n perforn	-			te, and zip	code)						
**Date Reported	to DCS	, if Patient under										

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	town, of preg	gnancy ter			County of p	oregnancy termination  LAKE
Patient's age** 29	Marrie	d Yes No	Date of pregna	ancy term 07/03/20		Edu	ication		9th-12	th, No Diplo	oma
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an Americar		nknown		/ anic or Latino Hispanic or La	
Live Births:	N	umber now living	4				Num	ber now o	deceased	0	
Other Termination	ns:	umber of spontaneou	is terminations				Num	ber of inc	luced termi	nations <b>1</b>	
Dates of termination		t include this termin UNKNOWN	ation. If more th	an six (6	), those m	ost recent.)		-			,
Fetus delivered alive	e?	If yes, length of ti		ed:		4.			y preexistin		ditions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				N/A			
Yes Yes	No	ii viaole, medicar	reason for terms	inacion.					None		regnancy Termination Uterine Perforation Cervical Laceration
Pathological examin	nation	If yes, results:							Hemorrhag Infection	е <u> </u>	Retained Products
performed?  Yes	No							_	Other (Spec	cify)	
								Did thi ☐ Ye			ncy result in a maternal death?
		'	Type	of Termi	nation Proce	dures					
Procedure that Term	ninated P	regnancy		Jr				e that Te	rminated Pr	regnancy	
☐ Medical (Nonsi ☐ Medical (Nonsi ☐ Medical (Nonsi	urgical)	Misoprostol			☐ Medio	al (Nonsı	ırgical) l	Mifepriston Misoprostol Other (Spec	[		
Check the box indic	cating the rer's instr	rocedures, answer the following items we ructions provided to tient agreement	ere completed	stion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement					
Medical (Surgi	cal) Mei	nstrual Aspiration				<ul> <li>Medical (Surgical) Suction Curettage</li> <li>Medical (Surgical) Menstrual Aspiration</li> <li>Medical (Surgical) Other (Specify)</li> </ul>					
Was the fetus viab		edures, answer the fo	- 1			Was the	fetus vial				ing question. at least 20 weeks?
	the best	answered yes, compoportunity to surviv		g questio	ons.	Was the	•	n the best		es, complete t y to survive?	the following questions.
	ired the	determination that procedure to avert of				condition		uired the			e pregnant woman had a h or serious impairment to
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	0(3)	List the n	ame of the	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>27/2018</b>		Physicia	an estimat	e of gestation	ı (in week	cs)	Post fe	rtilization age	e of the fetus (in weeks) 7
How were the gestar ULTRASOUND		e and post fertilization	on age determine	ed?		-					
Was a waiver of cons		1 1 60			Was	a waiver of			ed?	Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abu	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic <b>DR. MANDY GITTI</b>	_	rming termination									
Address of physician 8645 CONNECTIC	-	ning termination (nu.			te, and zip	code)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):							

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address D OF MERR	ILLVILLE - 8645 CONNE	CTICUT STREET,		City or t	town, of pregna	•			County of p	pregnancy termination  LAKE	
Patient's age**	Marrie	d	Date of pregn	ancy termi	ination	Educa	tion					
21		Yes No	(	07/03/201	8			H		ol Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black		an American		known	■ Not I	y anic or Latino Hispanic or L		
Live Births:	N	umber now living	1				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more ti	han six (6),	, those m	ost recent.)						
1						4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may	
7			0 :					N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination	
									None		Uterine Perforation	
Pathological examin	nation	If you regulte:							Hemorrhag	ge 🗆	Cervical Laceration	
performed?	nation	If yes, results:						_	Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal death?	
		1						☐ Ye	s 🔳 N	U		
				Type	of Termi	Termination Procedures						
Procedure that Term		• •				Additional Pr						
☐ Medical (Nons ☐ Medical (Nons							(Nonsurgical) Mifepristone (Nonsurgical) Misoprostol					
Medical (Nons									Other (Spec			
,	-	rocedures, answer th	0 1	estion							lowing question	
	-	e following items we	_			Check the bo						
The manufactur		ructions provided to tient agreement	tne patient			☐ The manufacturer's instructions provided to the patient ☐ The patient signed the patient agreement						
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ige		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration				<ul><li>☐ Medical (Surgical) Menstrual Aspiration</li><li>☐ Medical (Surgical) Other (Specify)</li></ul>						
	icur) our	or (Specify)				Medical (Surgical) Other (Specify)						
		edures, answer the fo				For Medical						
	le or hav	e a post fertilization	age at least 20 v	weeks?		Was the fe		le or hav ] No	e a post fei	rtılızatıon age	e at least 20 weeks?	
	_	answered yes, comp	lete the following	ng questior	1S.	_			inswered y	es, complete	the following questions.	
	n the best	opportunity to survi	ve?						opportunit	ty to survive?		
	_						Yes [					
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to	
the pregnant woman		-				the pregnan			r		inputition to	
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)	
N/A						<u> </u>						
Date last normal me	-	an KNOWN		Physician	n estimat	e of gestation (i	n weeks	s)	Post fe	ertilization ag	e of the fetus (in weeks)	
How were the gesta		13					11					
ULTRASOUND		poor resumeatin										
Was a waiver of cons	sent obtain	ned?	s • N	Jo	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No	
Is the patient seeking					Abu			oerced		Harassed	☐ Trafficked	
Full name of physic												
DR. MANDY GITT												
Address of physicia 8645 CONNECTIO	-	ning termination (nu			e, and zip	code)						
23.3 33.11.20110		,	, +0+10									
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):						_		

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	EILLVILLE - 8645 CONNE	CTICUT STREET,		City or	town, of pres	gnancy ter			County of p	oregnancy termination  LAKE	
Patient's age** 28	Marrie [	ed Yes No	Date of pregna	ancy term 07/03/20		Edu	acation		Some Co	ollege, No D	Degree	
	n or Othe	ka Native or Pacific Islander number now living	☐ Asian ■ White	☐ Blac		an Americar	☐ U	nknown ber now c	☐ Not I	y anic or Latino Hispanic or La	o atino 🔲 Unknown	
Live Births:	N	umber of spontaneou	1 as terminations						luced termi	nations		
Other Termination  Dates of termination	15.		0		1		rvani	oci oi iiic	iuccu terriri	1		
2017	1S ( <i>Do no</i>	n inciuae inis iermin !	3	ian six (0	), inose m	4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				compli	y preexistin cate the abo		ditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				N/A				
Yes Yes	No	ii viaole, incurcar	reason for term	mation.				I =	None		regnancy Termination Uterine Perforation Cervical Laceration	
Pathological examir	nation	If yes, results:							Hemorrhag Infection	e 🗆	Retained Products	
performed?  Yes	No								Other (Spec	_	100000	
								Did thi ☐ Ye			ncy result in a maternal death?	
			Type	of Termi	nation Proce	dures						
Procedure that Term	ninated P	regnancy		Jr				re that Ter	rminated P	regnancy		
Medical (Nons	urgical)	Misoprostol			☐ Medi	cal (Nons	urgical) N	Mifepriston Misoprosto	l			
Medical (Nons	uigicai)	Other ( <i>specify</i> )				Niedio	zai (Noiis	uigicai) (	Other (Spec	uy)		
	cating the rer's instr	e following items we ructions provided to	ere completed	stion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient						
The patient sign									atient agree			
Medical (Surgi	cal) Mer	nstrual Aspiration										
		edures, answer the fo	• 1			Was the	fetus via			ver the follow rtilization age	ing question. at least 20 weeks?	
If the previous ques	tion was	answered yes, comp		ng questio	ons.	If the prev	ious ques	tion was a	-	es, complete t	the following questions.	
Yes [		opportunity to survi	,,,				Yes [		оррогини	y to survive?		
	ired the	determination that procedure to avert of				condition		uired the			e pregnant woman had a h or serious impairment to	
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	(3)	List the n	ame of th	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	_	an <b>01/2018</b>		Physicia	an estimat	e of gestation	n (in week	ks)	Post fe	ertilization age	e of the fetus (in weeks) 7	
How were the gestar			on age determine	ed?							<u> </u>	
Was a waiver of cons		100			Was	a waiver of	notification	on obtaine	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	g any of the follo	wing?	☐ Abı	ised		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. MANDY GITTI	-	rming termination										
Address of physicia		ning termination (nu	mber and street	, city, stat	te, and zip	code)						
8645 CONNECTIO	UT STR	REET, MERRILLVI	LLE, IN 46410	) 								
**Date Reported	to DCS	, if Patient under	16 (month, dav.	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/06/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	RILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	town, of preg	nancy ter			County of p	oregnancy termination  LAKE
Patient's age** 26	Marrie [	ed Yes No	Date of pregn	ancy term 07/03/20		Edu	cation		Some Co	ollege, No D	Degree
	n or Othe	ka Native or Pacific Islander number now living	Asian White	■ Blac		an American	Uı Uı	nknown ber now d	■ Not I	y anic or Latino Hispanic or L	
Live Births:			4							0	
Other Termination	15.	umber of spontaneou	0				Num	ber of ind	uced termi	nations 1	
Dates of termination  UNKNOWN	ns (Do no	ot include this termin	ation. If more th	han six (6	), those m	ost recent.)		5			6
Fetus delivered alive		If yes, length of ti		ed:		<u> </u>		compli	y preexistin		aditions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				N/A			
Yes Yes	No	ii viable, incurcar	reason for term	mation.					None		regnancy Termination Uterine Perforation Cervical Laceration
Pathological examir	nation	If yes, results:							Hemorrhag Infection	e 🗆	Retained Products
performed?	No							_	Other (Spec	_	
								Did this			ncy result in a maternal death?
		•		Tyne	of Termi	nation Proce	dures	•	-		
Procedure that Term	ninated P	regnancy		- 1100	1011111	Additional		e that Ter	minated Pr	regnancy	
☐ Medical (Nons									Mifepriston Misoprostol		
Medical (Nons	urgical)	Other (Specify)				☐ Medic	al (Nonsu	urgical) (	Other (Spec	rify)	
Check the box indic	cating the	rocedures, answer the following items we ructions provided to	ere completed	estion		Check the	box indic	cating the	following	nswer the foll items were c	_
☐ The patient sign	ed the pa	tient agreement				The patient signed the patient agreement  Medical (Surgical) Suction Curettage					
Medical (Surgi	cal) Mei	nstrual Aspiration				Medical (Surgical) Suction Curettage  Medical (Surgical) Menstrual Aspiration  Medical (Surgical) Other (Specify)					
For Medical (Surgic	cal) proce	edures, answer the fo	llowing questio	n.		For Medic	al (Surgic	al) proced	lures, answ	ver the follow	ring question.
☐ Yes	■ No	e a post fertilization					Yes [	No	_		at least 20 weeks?
	the best	answered yes, comp opportunity to survi-		ng questio	ons.	Was the	•	n the best		es, complete to the survive?	the following questions.
	ired the	determination that procedure to avert of				condition		uired the			e pregnant woman had a th or serious impairment to
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	0(3)	List the na	ame of the	e second o	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an KNOWN		Physicia	an estimat	e of gestation	in week	es)	Post fe	ertilization ag	e of the fetus (in weeks)  9
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?							
Was a waiver of cons						a waiver of				Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic <b>DR. MANDY GITTI</b>	_	rming termination									
Address of physicia 8645 CONNECTIO	-	ning termination (nuREET, MERRILLVI			te, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/09/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or	town, of preg	nancy ter		County of 1	oregnancy termination  MARION		
Patient's age** 20	Marrie	d Yes No	Date of pregnancy	termination 6/2018	Edu	cation	As	sociate Degr	ee		
Race American Indian Native Hawaiian	n or Othe			Black or Afric	can American	☐ Ur		ity spanic or Latino t Hispanic or L			
Live Births:			0				ber of induced terr	0 ninations			
Other Termination	15.	umber of spontaneou	0			INUIII	ber of maucea terr	0			
Dates of termination	18 ( <i>Do no</i> 2	ot include this termin	nation. If more than s	six (6), those m	ost recent.)		5.		6.		
Fetus delivered alive		If yes, length of ti	me fetus survived:				List any preexist complicate the a	-	nditions of the patient that may		
Fetus viable?  Yes	No	If viable, medical	reason for terminati	on:			■ None		regnancy Termination  Uterine Perforation		
Pathological examir	nation	If yes, results:					Hemorrh	· _	Cervical Laceration		
performed?			.LAE, GESTATIOI	NAL SAC			☐ Infection ☐ Other (Sp.	□ vecify)	Retained Products		
■ Yes □	No	CHORIONIC VIL	LAE, GESTATIOI	NAL SAC			Other (Sp	ccijy)			
							Did this termina  Yes		ncy result in a maternal death?		
		'		Type of Term	ination Proces	dures	·				
Procedure that Term	ninated P	regnancy		Type of Term			e that Terminated	Pregnancy			
☐ Medical (Nons	urgical)	Mifepristone			☐ Medic	al (Nonsu	ırgical) Mifeprist	one			
☐ Medical (Nonsi							urgical) Misoprosurgical) Other (Sp				
_	,	1 337						337			
	cating the rer's instr	e following items we ructions provided to	ere completed	1	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient						
The patient sign  Medical (Surgi					The patient signed the patient agreement  Medical (Surgical) Suction Curettage						
Medical (Surgi	cal) Mei	nstrual Aspiration			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
Medical (Surgi	cai) Oth	er ( <i>Specify</i> )			Medicai (Surgicai) Ouiei (Specify)						
For Medical (Surgio	cal) proce	edures, answer the fo	llowing question.		For Medic	al (Surgic	al) procedures, an	swer the follow	ving question.		
	le or hav No	e a post fertilization	age at least 20 week	s?			ole or have a post	fertilization age	e at least 20 weeks?		
If the previous ques		answered yes, comp	lete the following qu	uestions.	_			yes, complete	the following questions.		
Was the fetus given  ☐ Yes [		opportunity to survi	ve?			fetus giver Yes [	n the best opportuing. No	nity to survive?			
	ired the	determination that procedure to avert of			condition		uired the procedur		e pregnant woman had a th or serious impairment to		
List the name of the <b>N/A</b>	second d	octor present, as requ					•		red under IC 16-34-2-3(a)(3)		
Date last normal me	_	an <b>09/2018</b>	Ph	ysician estima	te of gestation	ı (in week	Post Post	fertilization ag	e of the fetus (in weeks)		
How were the gesta	tional ag	e and post fertilization	=								
Was a waiver of cons				Was	a waiver of i	notificatio	on obtained?	☐ Yes	■ No		
Is the patient seeking								Harassed	☐ Trafficked		
Full name of physic	ian perfo	rming termination									
DR. JEFFREY D. C			1 1		7.)						
Address of physicia 1201 N ARLINGTO	-	-		y, state, and zip	coae)						
**Date Reported	to DCS	, if Patient under	16 (month, day, year	r):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or t	own, of preg	gnancy ter ANAPOL			County of p	regnancy termination MARION
Patient's age** 21	Marrie	ed ☐ Yes ■ No	Date of pregna	ncy term 7/06/201		Edu	ication		Some Co	ollege, No D	egree
	n or Othe	ka Native er Pacific Islander umber now living	Asian White	Black		an American	Uı Uı	nknown ber now de	■ Not I	/ anic or Latino Hispanic or La	
Live Births:			2					ber of indu		0	
Other Termination	15.	umber of spontaneou	0				INUIII	oei oi iliat	iced termin	0	
Dates of termination	1S ( <i>Do no</i>	ot include this termin	ation. If more th	an six (6)	), those me	ost recent.) 4		5			6
Fetus delivered alive		If yes, length of ti		ed:		<u>"</u>		-	preexistin ate the abo	-	ditions of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for termi	nation:					lone		regnancy Termination Uterine Perforation
Pathological examin performed?		If yes, results:						☐ Iı	Iemorrhag nfection Other (Spec		Cervical Laceration Retained Products
								Did this ☐ Yes			cy result in a maternal death?
			Туре	of Termin	nation Proce	dures	_	_			
Procedure that Term	ninated P	regnancy		Additional Procedure that Terminated Pregnancy							
Medical (Nonsi Medical (Nonsi Medical (Nonsi	urgical)	Misoprostol			☐ Medic	cal (Nonsı	urgical) Murgical) Murgical) O	[isoprosto]			
The patient sign  Medical (Surgion	eating the rer's instructed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage nstrual Aspiration	stion		Check the The m The particular Medical Medical	box indication and factor attent sign cal (Surgio cal	cating the	following ctions pro tient agree on Curetta trual Aspi	items were covided to the pment	_	
☐ Yes	le or hav ☐ No	e a post fertilization	age at least 20 w	eeks?	For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks  Yes No						at least 20 weeks?
	the best	answered yes, comp opportunity to surviv		g questio	ns.	Was the	-	n the best	-	es, complete t y to survive?	he following questions.
	ired the	determination that procedure to avert of				condition		uired the p			pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	34-2-3(a)	(3)	List the na	ame of the	e second d	loctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	UN	KNOWN			n estimate	e of gestation	ı (in week	cs)	Post fe	rtilization age	e of the fetus (in weeks) 4
How were the gestar	_	-	on age determine	ed?							
Was a waiver of cons						a waiver of				Yes	■ No
Is the patient seeking			any of the follow	wing?	Abu	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. JEFFREY D. 0	_	-									
Address of physicia  1201 N ARLINGTO	n perform	ning termination (nu		city, stat	e, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or t	own, of preg	nancy ter			County of p	regnancy termination  MARION
Patient's age** 28	Marrie	d Yes No	Date of pregn	ancy term 07/06/201		Edu	cation	Н		ool Diploma	or GED
Race American Indiar Native Hawaiiar Live Births:	or Othe		Asian White	☐ Blac ■ Othe		an American	☐ Ur	nknown oer now d	☐ Not 1	y anic or Latino Hispanic or La	
	N	umber of spontaneo	us terminations				Numl	per of ind	uced termi	nations	
Other Termination  Dates of termination	15.		0		) those me	ast recent )				1	
1. <b>2017</b>	2		3	nun six (0)	, inose mo	4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexisting cate the abo	-	ditions of the patient that may
Fetus viable?	No	If viable, medical	reason for term	ination:					•	cation(s) of Pi	regnancy Termination Uterine Perforation
Pathological examin	ation	If yes, results:							Hemorrhag Infection	ge 🔲	Cervical Laceration Retained Products
performed?	No								Other (Spe	cify)	Retained Froducts
								Did thi			cy result in a maternal death?
		1		Тт	of Tormi	nation Dross	lurac		. <u> </u>	-	
Procedure that Term	ninated P	regnancv		1 ype	ype of Termination Procedures  Additional Procedure that Terminated Pregnancy						
Medical (Nonsu	urgical)	Mifepristone				☐ Medic	al (Nonsu	ırgical) N	Mifepriston	ne	
Medical (Nonsu									Misoprosto Other ( <i>Spec</i>		
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)         For Medical (Nonsurgical) procedures, answer the following question       For Medical (Nonsurgical) procedures, answer the following items were completed         ☐ The manufacturer's instructions provided to the patient       ☐ The manufacturer's instructions provided to the patient agreement         ☐ Medical (Surgical) Suction Curettage       ☐ Medical (Surgical) Suction Curettage										ompleted	
	cal) Mer	nstrual Aspiration				☐ Medic	al (Surgio	al) Mens	strual Aspi r ( <i>Specify</i> )	ration	
		edures, answer the for e a post fertilization				Was the	fetus vial			ver the follow	ing question. at least 20 weeks?
		answered yes, comp opportunity to survi		ng questio	ns.	Was the f	-	n the best	-	es, complete t ty to survive?	he following questions.
	ired the	determination that procedure to avert					that requ	aired the			pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the na	me of the	e second	doctor pres	sent, as requir	ed under IC 16-34-2-3(a)(3)
Date last normal me	05/	05/2018			n estimate	e of gestation <b>7</b>	(in week	s)	Post fe	ertilization age	e of the fetus (in weeks)  5
_	How were the gestational age and post fertilization age determined?  LTRASOUND EXAMINATION										
Was a waiver of cons						a waiver of n				Yes	■ No
Is the patient seeking  Full name of physics			g any of the follo	owing?	Abu	ised	□ (	Coerced		Harassed	☐ Trafficked
DR. JEFFREY D. G	_	-									
Address of physician 1201 N ARLINGTO	-	-		t, city, stat	e, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day	, year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AF	LINGTON AVE,	City or	town, of pregn	ancy teri		County of pregnancy termination MARION		
Patient's age** 21	Marrie	d Yes No	Date of pregnance	y termination 06/2018	Educa	ation	High Sch	ool Diploma or GED		
	n or Othe	ka Native or Pacific Islander umber now living	Asian White	Black or Afri Other	can American			ty panic or Latino Hispanic or Latino		
Live Births:	N	umber of spontaneou	0				per of induced terr	0 pinations		
Other Termination	15.	<u> </u>	0	· (6) 4		Nullic	oci oi muucca teii	1		
2016	1S ( <i>Do no</i> 2	ot include this termin	ation. If more than 3.	six (6), those n	iost recent.)		5.	6.		
Fetus delivered alive		If yes, length of ti	me fetus survived:				List any preexist complicate the a	ing medical conditions of the patient that may portion		
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for terminat	tion:			None None	ication(s) of Pregnancy Termination  Uterine Perforation		
Pathological examir performed?		If yes, results:					☐ Hemorrha ☐ Infection ☐ Other (Sp	Retained Products		
							Did this termina  ☐ Yes	tion of pregnancy result in a maternal death?		
				Type of Term	ination Procedu	ires				
Procedure that Term		• •					e that Terminated	• •		
Medical (Nons)     Medical (Nons)     Medical (Nons)	urgical)	Misoprostol			☐ Medica	(Nonsu	rgical) Mifepristo rgical) Misoprost rgical) Other (Spa	ol		
The patient sign  Medical (Surgi	eating the rer's instructed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage astrual Aspiration	re completed	on	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)					
		edures, answer the fo	• 1	ks?	For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 week  Yes No					
	the best	answered yes, comp opportunity to survi		uestions.	Was the fe	-	the best opportur	yes, complete the following questions. ity to survive?		
	ired the	determination that procedure to avert of				that requ	ired the procedur	ation that the pregnant woman had a e to avert death or serious impairment to		
List the name of the	second d	octor present, as requ	ired under IC 16-34-	-2-3(a)(3)	List the nan	ne of the	second doctor pr	esent, as required under IC 16-34-2-3(a)(3)		
Date last normal me	05/	05/2018			te of gestation (	in weeks	Post Post	fertilization age of the fetus (in weeks)  5		
How were the gesta	_	=	n age determined?							
Was a waiver of cons					a waiver of no			☐ Yes ■ No		
Is the patient seeking			any of the following	g?	oused		Coerced [	☐ Harassed ☐ Trafficked		
Full name of physic DR. JEFFREY D. C	_									
Address of physicia 1201 N ARLINGTO	-	-		ty, state, and zi	p code)					
**Date Reported	to DCS	, if Patient under	6 (month, day, yea	ar):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/09/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or t	town, of pregna	•			County of		y termination RION	
Patient's age**	Marrie	d	Date of pregn	ancy termi	nation	Educa	tion						
36		Yes ■ No	(	07/06/201	8			H		ol Diploma	or GED	1	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black		an American		known	Not I	y anic or Latin Hispanic or I		Unknown	
Live Births:	N	umber now living	4				Numb	er now o	leceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations <b>0</b>			
Dates of termination 1. 2002		t include this termin						5			6		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo	-	nditions of	f the patient that may	
Fetus viable?  Yes	No	If viable, medical	reason for term	nination:					•	cation(s) of F	Pregnancy	Termination	
									None Hemorrhag			e Perforation al Laceration	
Pathological examin	nation	If yes, results:						_	Infection	,e	•	ed Products	
performed?	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC				Other (Spec				
											ncy result	in a maternal death?	
								☐ Ye	s 🔳 N	0			
D 1 1 T				Type	of Termi	nation Procedur		.1 . 7					
Procedure that Term  Medical (Nons					Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone								
☐ Medical (Nons	urgical)	Misoprostol			☐ Medical (Nonsurgical) Mi☐ Medical (Nonsurgical) Mi☐ Medical (Nonsurgical) Ot					Misoprostol			
☐ Medical (Nons	urgicar)	Other ( <i>specify</i> )				iviedicai	(Nonsu	igicai) (	Julei (Spec	<i>(1)</i> (1)			
For Medical (Nonsu Check the box indic	cating the	e following items we	ere completed	Check the bo	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient								
The manufactural The patient sign		uctions provided to tient agreement	the patient		The patient signed the patient agreement								
Medical (Surgi Medical (Surgi Medical (Surgi	ical) Mer	strual Aspiration			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
		dures, answer the fo					_	le or hav		ver the follow			
If the previous ques	tion was			ng question	ıs.				nswered y	es, complete	the follow	wing questions.	
	n the best ☐ No	opportunity to survi-	ve?				us giver Yes [		opportunit	ty to survive?	?		
	uired the	determination that procedure to avert of					nat requ	ired the				nt woman had a ous impairment to	
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(	3)	List the nam	e of the	second	doctor pres	sent, as requi	red under	r IC 16-34-2-3(a)(3)	
Date last normal me	_	an 14/2018		Physician	n estimate	e of gestation (i	n week:	s)	Post fe	ertilization ag	ge of the fo	etus (in weeks)	
How were the gesta ULTRASOUND EX	_	-	-	ed?									
Was a waiver of cons	sent obtain	ned?	s • N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	1	
Is the patient seeking			any of the follo	owing?	☐ Abu	ısed		Coerced		Harassed	☐ Tr	rafficked	
Full name of physic DR. JEFFREY D. (				_							_		
Address of physicia	ın perforn	ning termination (nu		t, city, state	e, and zip	code)							
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219										
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AR	RLINGTON AVE,		City or t	town, of pregna				County of p	oregnancy terminatio	'n
Patient's age**	Marrie	ed	Date of pregn	ancy termi	ination	Educa	tion					
Race		Yes No	(	07/06/201	8				Asso Ethnicity	ociate Degre	ee	
☐ American Indian☐ Native Hawaiian☐	n or Othe		Asian White	☐ Black		an American	_	known ber now o	☐ Hispa	anic or Latino Hispanic or L		nown
Live Births:			1							0		
Other Termination	113.	umber of spontaneou	0				Numt	per of inc	uced termi	nations <b>0</b>		
Dates of termination		ot include this termin	v	' '		*		5			6	
Fetus delivered aliv	e?	If yes, length of ti				7			y preexistin		ditions of the patient	that may
Fetus viable?		If viable, medical	reason for term	ination:					Cli	(-) f.D.		
☐ Yes ■	No								None		regnancy Termination Uterine Perforation	
									Hemorrhag		Cervical Laceration	
Pathological examination performed?	nation	If yes, results:							Infection		Retained Products	
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL	SAC				Other (Spec	cify)		
								Did thi ☐ Ye			cy result in a matern	ial death?
		1		<b></b>	cm :				, <u> </u>			
Procedure that Torm	ningtod D	ragnanav		Туре	of Termination Procedures  Additional Procedure that Terminated Pregnancy							
Procedure that Term  Medical (Nons		• •							Mifepriston	•		
Medical (Nons Medical (Nons	urgical)	Misoprostol			☐ Medical	Nonsu(	rgical) N	Misoprosto Other (Spec	l			
iviculcai (Nolls	urgicar	Other (Specify)				Wicdicar	(1voiisu	ilgical) (	Juici (Spec	<i>(yy)</i>		
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement  The patient signed the patient agreement  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement												
Medical (Surgi	ical) Suc	tion Curettage			Medical (Surgical) Suction Curettage							
☐ Medical (Surgi		nstrual Aspiration er (Specify)			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
						Wedlear (Surgical) Other (Specify)						
For Modical (Surgic	201) proce	edures, answer the fo	llowing question			For Medical (	C:	-D	J	41 C-11	:	
		e a post fertilization									at least 20 weeks?	
	■ No	anavorad vos samn	lata tha fallawir	na amastia		☐ Y		] No	marrianad ri	as samulata t	he following question	and.
Was the fetus giver		answered yes, compoportunity to surviv		ig questioi	ns.	Was the fett	-	the best		ry to survive?	ne following questic	νns.
	uired the	determination that procedure to avert of					nat requ	ired the			pregnant woman h or serious impairr	
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	-34-2-3(a)(	(3)	List the name	e of the	second	doctor pres	sent, as requir	ed under IC 16-34-2	2-3(a)(3)
Date last normal me	-	an KNOWN		Physicia	n estimate	e of gestation (i	n weeks	s)	Post fe	ertilization ago	e of the fetus (in wee	ks)
_	tional ag	e and post fertilization	_	ed?		9					/	
ULTRASOUND EX					***		· c · ·		10			
Was a waiver of cons Is the patient seeking					Was Abu	a waiver of not		n obtaine Coerced	ed?	☐ Yes Harassed	■ No  □ Trafficked	
Full name of physic DR. JEFFREY D. O	ian perfo	rming termination	,, 21 410 10110									
Address of physicia	ın perforn	ning termination (nu		, city, state	e, and zip	code)						
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):								

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AF		City or town, of pregnancy termination INDIANAPOLIS				tion	County of p	regnancy termination MARION			
Patient's age** 26	Marrie	d Yes No	Date of pregna	ncy term 7/06/201		Ec	lucation	n	High Scho	ol Diploma	or GED		
Race American Indian Native Hawaiian	n or Othe	ka Native or Pacific Islander umber now living	Asian White	Black		an America		Unknov		/ anic or Latino Hispanic or La			
Live Births:			1_							0			
Other Termination	15.	umber of spontaneou	1					number of	f induced termi	nations 0			
Dates of termination  2014	ns (Do no	ot include this termin	ation. If more th	an six (6)	), those m	ost recent.) 4			5		6		
Fetus delivered alive		If yes, length of ti		d:					st any preexistin	-	ditions of the patient that may		
Fetus viable?  Yes	No	If viable, medical	reason for termi	nation:					None		regnancy Termination Uterine Perforation Cervical Laceration		
Pathological examir performed?		If yes, results:							☐ Hemorrhag ☐ Infection ☐ Other (Spec		Retained Products		
									Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
							edures						
Procedure that Term	• •						t Terminated Pr	•					
Medical (Nons)     Medical (Nons)     Medical (Nons)	urgical)	Misoprostol			☐ Med	ical (N	onsurgica	al) Mifepriston al) Misoprostol al) Other (Spec	[				
The patient sign  Medical (Surgi	eating the rer's instructed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage astrual Aspiration	ere completed	stion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement  Medical (Surgical) Suction Curettage  Medical (Surgical) Menstrual Aspiration  Medical (Surgical) Other (Specify)							
☐ Yes	le or hav □ No	e a post fertilization	age at least 20 w	eeks?		Was th	e fetus Yes	viable or	o	tilization age	at least 20 weeks?		
	the best	answered yes, comp opportunity to surviv		g questio	ns.	Was the	e fetus g		best opportunit	_	he following questions.		
	ired the	determination that procedure to avert of					on that	required			pregnant woman had a h or serious impairment to		
List the name of the	second d	octor present, as requ	ired under IC 16-	34-2-3(a)	(3)	List the	name o	f the seco	ond doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
Date last normal me	UN	KNOWN			n estimat	e of gestation	on (in w	veeks)	Post fe	rtilization age	e of the fetus (in weeks) 7		
How were the gesta	_	=	on age determine	d?									
Was a waiver of cons						a waiver of				Yes	■ No		
Is the patient seeking			any of the follow	ving?	☐ Abı	ısed		Coerc	ed	Harassed	☐ Trafficked		
Full name of physic DR. JEFFREY D. C	_												
Address of physicia 1201 N ARLINGTO	-	-		city, stat	e, and zip	code)	_	_					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):									

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AF	LINGTON AVE,	Ci	City or town, of pregnancy termination INDIANAPOLIS					County of p	oregnancy termination  MARION	
Patient's age** 27	Marrie	d Yes No	Date of pregnan	cy terminat //06/2018	tion	Educat	tion		Asso	ciate Degr	ee	
	n or Othe	ka Native r Pacific Islander umber now living	= :	Black or Other	African A	merican			Not I	nnic or Latino Hispanic or L		
Live Births:		umber of spontaneou	3					er of induc		0		
Other Termination	15.	•	0				Nullio	oei oi iliduc	ed termin	0		
Dates of termination	1S ( <i>Do no</i>	ot include this termin	ation. If more tha 3.	n six (6), th	ose most re	ecent.)		5			6	
Fetus delivered alive		If yes, length of ti		l:				List any p		-	aditions of the patient that may	
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for termina	ation:				■ No	ne		regnancy Termination  Uterine Perforation	
Pathological examir performed?		If yes, results:						☐ Info	morrhage fection ner (Spec		Cervical Laceration Retained Products	
								Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
	Type of	Terminatio	n Procedu	es								
Procedure that Term	ninated P	regnancy		Ad	lditional Pr	ocedure	that Termi	nated Pr	egnancy			
Medical (Nonsi	urgical)	Misoprostol			Medical	Nonsu	rgical) Mis rgical) Mis rgical) Oth	soprostol				
Check the box indic  The manufactur The patient sign Medical (Surgi	eating the rer's instructed the pa cal) Suc cal) Mer	tion Curettage	re completed	ion	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)							
Was the fetus viab ☐ Yes	le or hav ☐ No	edures, answer the fo	age at least 20 we	eks?	•	Was the fet	us viab	le or have a No	post fer	tilization age	ring question. e at least 20 weeks?	
	the best	answered yes, comp opportunity to surviv	-	questions.		Was the fetu	-	the best op	-	es, complete t y to survive?	the following questions.	
	ired the	determination that procedure to avert of			to c		nat requ	ired the pro			e pregnant woman had a th or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16-3	4-2-3(a)(3)	Li	st the name	e of the	second do	ctor pres	ent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	05/	17/2018		Physician es	stimate of g	gestation (i	n weeks	s)	Post fe	rtilization age	e of the fetus (in weeks)  5	
How were the gestar ULTRASOUND EX	_	e and post fertilization	on age determined	!?								
Was a waiver of cons						iver of not		n obtained?		Yes	■ No	
Is the patient seeking			any of the following	ing?	Abused		□ C	Coerced		Harassed	☐ Trafficked	
Full name of physic DR. JEFFREY D. (	_											
	n perform	ning termination (nu		city, state, a	nd zip code	e)						
		,										
**Date Reported	to DCS	, if Patient under	6 (month, day, ye	ear):								

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or	town, of pregna	ncy ten		County of pregnancy termination  MARION				
Patient's age** 29	Marrie	ed ☐ Yes ■ No	Date of pregnancy 07/00	termination 6/2018	Educa	tion	Some	College, No Degree				
Race American Indian Native Hawaiian Live Births:	n or Othe		= =	Black or Afric Other	can American			ispanic or Latino ot Hispanic or Latino				
	N	umber of spontaneou	1 is terminations			Numb	per of induced ter	minations				
Other Termination	15.	ot include this termin	0	riv (6) those m	act recent )			0				
1	2	2	3	(0), inose m	4		5	6				
Fetus delivered alive		If yes, length of ti	me fetus survived:				List any preexist complicate the	sting medical conditions of the patient that may abortion				
Fetus viable?  Yes	No	If viable, medical	reason for termination	on:			None None	plication(s) of Pregnancy Termination  Uterine Perforation				
Pathological examir	nation	If yes, results:					☐ Hemorrh	_				
performed?  • Yes		CHORIONIC VIL	LAE, GESTATION	NAL SAC			☐ Infection ☐ Other (S	<del>-</del>				
							Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
		1		T. 6T.			☐ Yes ■ No					
Procedure that Term	ninated D	regnancy		Type of Term	Additional P		e that Terminated	l Pregnancy				
☐ Medical (Nons							rgical) Mifepris	• •				
Medical (Nonsi							rgical) Misopros rgical) Other (Sp					
Check the box indic	cating the rer's insti	rocedures, answer the following items we ructions provided to tient agreement	ere completed	ı	Check the bo	ox indicature	ating the followi er's instructions	gical) procedures, answer the following question ating the following items were completed er's instructions provided to the patient ed the patient agreement				
Medical (Surgi	cal) Mei	nstrual Aspiration			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
Was the fetus viab		edures, answer the fo		s?		tus viab		nswer the following question. fertilization age at least 20 weeks?				
	the best	answered yes, compoportunity to surviv		nestions.	Was the fet	-	the best opportu	d yes, complete the following questions. unity to survive?				
	ired the	determination that procedure to avert of				hat requ	ired the procedu	nation that the pregnant woman had a are to avert death or serious impairment to				
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16-34-2	2-3(a)(3)	List the nam	e of the	second doctor p	oresent, as required under IC 16-34-2-3(a)(3)				
Date last normal me	-	an KNOWN	Phy	ysician estima	te of gestation (	in weeks	Pos	t fertilization age of the fetus (in weeks)  4				
How were the gesta: ULTRASOUND EX	-	e and post fertilization, PELVIC EX	-			I						
Was a waiver of cons	sent obtai	ned?	s • No	Was	a waiver of no	tificatio	n obtained?	☐ Yes ■ No				
Is the patient seeking	an aborti	on as a result of being	any of the following	?	used		Coerced	☐ Harassed ☐ Trafficked				
Full name of physic DR. JEFFREY D. O	_											
Address of physicia	n perforr	ming termination (nu		, state, and zip	code)							
1201 N ARLINGTO	JN AVE	, INDIANAPULIS,	IIN 402   9									
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year	·):								

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AF		City or town, of pregnancy termination INDIANAPOLIS				l	County of pr	regnancy termination MARION	
Patient's age** 27	Marrie	d Yes No	Date of pregna	ancy term 07/06/201		Ed	ucation	ı	High Scho	ool Diploma	or GED
	n or Othe	ka Native or Pacific Islander umber now living	Asian White	Black		an America	U	nknown	Not I	y anic or Latino Hispanic or La	tino 🔲 Unknown
Live Births:	N	umber of spontaneou	3 us terminations				Nun	nber of inc	duced termi	nations	
Other Termination	15.		0	. a. ain (6	1.000.00	ant managed 1	1,441			0	
Dates of termination	1S ( <i>Do no</i>	n inciuae inis iermin 	3	uan six (0)	), inose m	4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					y preexistin	-	litions of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for termi	nation:					None		egnancy Termination Uterine Perforation
Pathological examin performed?		If yes, results:							Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products
								Did th ☐ Ye			ey result in a maternal death?
			Туре	of Termi	nation Proce						
Procedure that Term	ninated P	regnancy			Additiona	l Procedu	re that Te	rminated Pr	regnancy		
Medical (Nonsi	urgical)	Misoprostol			☐ Medi	cal (Nons	surgical)	Mifepriston Misoprosto Other (Spec	l		
The patient sign  Medical (Surgion	eating the rer's instr ed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage astrual Aspiration	ere completed	stion	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)						mpleted
		edures, answer the fo	• .			Was the	e fetus via			ver the following rtilization age	ng question. at least 20 weeks?
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		g questio	ns.	Was the	-	en the bes	-	es, complete the ty to survive?	ne following questions.
	ired the	determination that procedure to avert of				conditio		quired the			pregnant woman had a or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the r	name of th	ne second	doctor pres	sent, as require	ed under IC 16-34-2-3(a)(3)
Date last normal me	05/	08/2018			n estimat	e of gestatio	on (in wee	ks)	Post fe	ertilization age	of the fetus (in weeks)  5
How were the gestar	_	-	on age determine	ed?							
Was a waiver of cons		10.				a waiver of				☐ Yes	■ No
Is the patient seeking			g any of the follow	wing?	☐ Abu	ısed		Coerced		Harassed	Trafficked
Full name of physic DR. JEFFREY D. 0	-	-									
Address of physicia  1201 N ARLINGTO	n perforn	ning termination (nu		city, stat	e, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	ITER OF IN	DIANAPOLIS - 1201 N A	RLINGTON AVE,		City or	town, of pregna	•			County of	pregnancy terminatio	n	
Patient's age**	Marrie	d	Date of pregn	ancy termi	ination	Educa	tion			•			
18		Yes No	(	07/06/201	8			Н		ol Diploma	or GED		
_	n or Othe	ka Native r Pacific Islander umber now living	Asian White	☐ Black		an American		nknown ber now d	■ Not I	y anic or Latin Hispanic or I		nown	
Live Births:	N		0						uced termi	0			
Other Termination	15.	umber of spontaneo	0				INUITIO	oci oi iliu	ucca terrir	0			
Dates of termination	2		3		, those m	ost recent.)  4		5			6		
Fetus delivered aliv		If yes, length of t	ime fetus surviv	ed:					preexisting preexisting preexisting preexisting preexisting and the preexisting preexistin		nditions of the patient	hat may	
Fetus viable?		If viable, medical	reason for term	ination:				Ī ——	Compli	nation(s) of I	Prognancy Torminatio		
☐ Yes ■	No							   • 1	None		Pregnancy Terminatio  Uterine Perforation		
								_	Temorrhag		Cervical Laceration		
Pathological examin performed?	nation	If yes, results:						□ I	nfection		Retained Products		
l ·	No	CHORIONIC VII	LAE, GESTA	TIONAL	SAC				Other (Spec	cify)			
						Did this termination of pregnancy result in a matern  Yes No							
				Tyne	mination Procedures								
Procedure that Term	ninated P	regnancy		-71-		Additional Pr		e that Ter	minated P	regnancy			
Medical (Nons				☐ Medical	(Nonsu	ırgical) N	//ifepriston	ie					
☐ Medical (Nons ☐ Medical (Nons					Aisoprosto Other (Spec								
For Medical (Nonsu	ırgical) pı	rocedures, answer th	ne following que	stion		For Medical (Nonsurgical) procedures, answer the following question							
Check the box indic	-	•	•			Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient							
☐ The manufactur ☐ The patient sign			the patient						tient agree		patient		
Medical (Surgi						☐ Medical							
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgio	cal) proce	dures answer the fo	ollowing question	n		For Medical	Surgic	al) proced	lures answ	ver the follow	ving question.		
Was the fetus viab	le or hav	e a post fertilization				Was the fe	tus viab	ole or hav			e at least 20 weeks?		
Yes If the previous ques	No No No No	answered ves comr	olete the following	ng anjestion	ns	_	es [		nswered v	es complete	the following question	ons	
Was the fetus given	the best	opportunity to survi		15 question		Was the fet	us give <u>r</u>	n the best		ty to survive	• •	110.	
	□No				_		Yes L	_					
condition that requ	iired the	determination that procedure to avert				condition the	hat requ	uired the			e pregnant woman th or serious impairn		
the pregnant woman	11 (					the pregnan	t woma	n?					
	= -			04.5.5	(2)			_					
List the name of the <b>N/A</b>	second d	octor present, as requ	iired under IC 16	-34-2-3(a)(	(3)	List the nam	e of the	e second of	loctor pres	sent, as requi	red under IC 16-34-2	!-3(a)(3)	
Date last normal me	_	an KNOWN		Physicia	n estimat	e of gestation (i	in week.	s)	Post fe	ertilization ag	ge of the fetus (in wee	ks)	
How were the gesta			on age determin	ed?									
ULTRASOUND EX	KAMINA	TION, PELVIC EX	CAMINATION										
Was a waiver of cons				-		a waiver of not			ed?	☐ Yes	■ No		
Is the patient seeking			g any of the follo	wing?	☐ Abı	ised		Coerced		Harassed	☐ Trafficked		
Full name of physic DR. JEFFREY D. 0	-	-											
Address of physicia	-	-		, city, state	e, and zip	code)							
1201 N ARLINGTO	JN AVÉ	, INDIANAPOLIS,	IN 46219										
***	. 5.00	:CD /: ·	16										
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or town, of pregnancy termination INDIANAPOLIS				tion County of pregnancy termination  MARION			
Patient's age** 38	Marrie	ed Yes No	Date of pregnan	ncy termin 7/06/2018		Educ	ation		9th-12	th, No Diplo	oma	
	n or Othe	ka Native er Pacific Islander fumber now living	Asian White	☐ Black ☐ Other		n American		nknown oer now d	■ Not I	/ anic or Latino Hispanic or La		
Live Births:	N	fumber of spontaneou	2 is terminations				Numl	per of ind	uced termi	nations		
Other Termination	15.	ot include this termin	1	un civ (6)	those mo	et recent )				0		
1. <b>2007</b>	2		3	in six (0),	4			5			6	
Fetus delivered alive		If yes, length of ti	me fetus survived	1:				-	preexisting preexi	-	ditions of the patient that may	
Fetus viable?  Yes  Yes	No	If viable, medical	reason for termin	nation:					None		regnancy Termination Uterine Perforation	
Pathological examin	nation	If yes, results:							Hemorrhag nfection	e 🗆	Cervical Laceration Retained Products	
performed?  • Yes	No	CHORIONIC VIL	LAE, GESTATI	IONAL S	SAC				Other (Spec	_	Retained Froducts	
								Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
			Т	- C.T	D		⊥ Yes ■ No					
Procedure that Term	ninated P	regnancv	ı ype (	or rermin	Additional F		e that Ter	minated P	regnancv			
☐ Medical (Nonsi			☐ Medica	l (Nonsu	ırgical) N	//ifepriston	e					
Medical (Nonsi								rgical) Misoprostol rgical) Other (Specify)				
	cating the rer's instr	e following items we ructions provided to	ere completed	tion		Check the b	ox indic nufactur	ating the er's instru	following	items were co	=	
Medical (Surgi	cal) Mei	nstrual Aspiration			<ul> <li>☐ Medical (Surgical) Suction Curettage</li> <li>☐ Medical (Surgical) Menstrual Aspiration</li> <li>☐ Medical (Surgical) Other (Specify)</li> </ul>							
		edures, answer the fo				Was the fe	etus viab			ver the follow tilization age	ing question. at least 20 weeks?	
If the previous quest Was the fetus given  ☐ Yes	the best	answered yes, comp opportunity to survi	_	g question	IS.	Was the fe	-	n the best	-	es, complete t y to survive?	he following questions.	
	ired the	determination that procedure to avert of					that requ	aired the			pregnant woman had a h or serious impairment to	
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16-3	34-2-3(a)(3	3)	List the nan	ne of the	e second o	doctor pres	ent, as requir	ed under IC 16-34-2-3(a)(3)	
Date last normal me	-	an KNOWN		Physician	n estimate	of gestation (	in week.	s)	Post fe	rtilization age	e of the fetus (in weeks) 7	
How were the gestational age and post fertilization age determined?  ULTRASOUND EXAMINATION, PELVIC EXAMINATION												
Was a waiver of cons					Was a	waiver of no	tificatio	n obtaine	ed?	Yes	■ No	
Is the patient seeking			any of the follow	ring?	Abus	sed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. JEFFREY D. 0	_	-										
Address of physicia	n perforr	ning termination (nu		city, state,	, and zip	code)						
.zv. n Antinol	AVE	, OLIO,	70210									
**Date Reported	to DCS	, if Patient under	16 (month, day, y	vear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/09/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or t	town, of pregna	•			County of		ey termination	
Patient's age**	Marrie	d	Date of pregn	nancy termi	nation	Educat	tion						
28		Yes No	(	07/06/201	8			H		ol Diploma	a or GED	<u> </u>	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	Black Other		an American		known	■ Not I	y anic or Latin Hispanic or I		Unknown	
Live Births:	N	umber now living	1						leceased	1			
Other Termination	ns:	umber of spontaneou	us terminations <b>0</b>				Numb	per of inc	luced termi	nations <b>1</b>			
Dates of termination 1. 2015		t include this termin				,		5			6		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo	-	nditions o	of the patient that may	
Fetus viable?  ☐ Yes ■	No	If viable, medical	reason for term	nination:					Complie	cation(s) of I	Pregnancy	y Termination	
									None			e Perforation	
Pathological examin	nation	If yes, results:						_	Hemorrhag Infection	e _	-	eal Laceration led Products	
performed?	No	CHORIONIC VIL	LAF GESTA	TIONAL S								cd i foddets	
i ics	INO		,,										
								Did thi	s terminati	on of pregna	ncy resul	t in a maternal death?	
								☐ Ye					
				Type	of Termi	nation Procedur	res						
Procedure that Term						Additional Pr							
☐ Medical (Nons ☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) l	Mifepriston Misoprosto	l			
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)			
	cating the rer's instr	following items we uctions provided to	ere completed	estion		_	x indicurate	ating the er's instr	following uctions pro	items were ovided to the	complete		
The patient sign  Medical (Surgi									atient agree				
Medical (Surgi	ical) Mer	strual Aspiration				Medical (Surgical) Menstrual Aspiration							
☐ Medical (Surgi	ical) Oth	er (Specify)				Medical (Surgical) Other (Specify)							
		dures, answer the fo e a post fertilization					_	le or hav		ver the follow rtilization ag			
If the previous ques	tion was			ng question	is.	_			nswered y	es, complete	the follo	wing questions.	
	n the best ☐ No	opportunity to survi	ve?				us giver Yes [		opportunit	ty to survive	?		
	uired the	determination that procedure to avert of					nat requ	ired the				ant woman had a ious impairment to	
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(	3)	List the name	e of the	second	doctor pres	sent, as requi	ired unde	er IC 16-34-2-3(a)(3)	
Date last normal me	-	an 24/2018		Physician	n estimate	e of gestation (i	n week:	s)	Post fe	ertilization ag	ge of the t	fetus (in weeks)	
How were the gesta  ULTRASOUND EX	_	-	_	ied?									
Was a waiver of cons	sent obtain	ned?	5 <b>I</b> N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	0	
Is the patient seeking	an aborti	on as a result of being	any of the follo	owing?	☐ Abu	ised		Coerced		Harassed		rafficked	
Full name of physic DR. JEFFREY D. C													
Address of physicia	-	-		t, city, state	e, and zip	code)							
1201 N ARLINGTO	ON AVE	, INDIANAPULIS,	IIN 402 TY										
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	ITER OF IN	DIANAPOLIS - 1201 N AI	RLINGTON AVE,		City or t	town, of pregna	•			County of J	pregnancy termination MARION	l 
Patient's age**	Marrie		Date of pregna	•		Educa	ition					
Race		Yes No	0	7/06/201	8				Asso Ethnicity	ociate Degr	ee	
American Indian	n or Othe	er Pacific Islander	☐ Asian ■ White	☐ Black		an American		ıknown	☐ Hisp ■ Not l	y anic or Latino Hispanic or L		own
Live Births:	N	umber now living	4					oer now d		0		
Other Termination	ns: N	umber of spontaneo	us terminations <b>0</b>				Numb	per of indi	uced termi	inations 1		
Dates of termination	ns ( <i>Do no</i>	ot include this termin	ation. If more th	an six (6)	, those m	ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus survive	ed:					preexisting preexi		nditions of the patient th	nat may
Fetus viable?  Yes	No	If viable, medical	reason for termi	ination:					None		regnancy Termination Uterine Perforation	
Pathological examin performed?		If yes, results:						☐ I	Hemorrhag nfection Other (Spec		Cervical Laceration Retained Products	
								Did this ☐ Yes			ncy result in a materna	al death?
				Туре	of Termi	nation Procedu	res					
Procedure that Term						Additional Pr				-		
Medical (Nons Medical (Nons Medical (Nons	urgical)	Misoprostol					(Nonsu	rgical) M	Aifepriston Aisoprosto Other (Spec	1		
The patient sign  Medical (Surgi	cating the rer's instr ed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage nstrual Aspiration	ere completed	stion		Check the bo	ox indic nufactur ent sign (Surgic (Surgic	ating the er's instru- ned the pa cal) Sucti- cal) Mens	following actions pro tient agree	items were covided to the ement	•	
	le or hav	e a post fertilization	age at least 20 v	veeks?	ns	Was the fe □ Y	tus viab Yes	ole or have	e a post fe	rtilization age	ring question. e at least 20 weeks? the following question	ns
Was the fetus giver		opportunity to survi		ig question	113.	Was the fet	•	the best	•	ty to survive?	• .	13.
	ired the	determination that procedure to avert					hat requ	aired the			e pregnant woman l th or serious impairm	
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)(	(3)	List the nam	e of the	e second o	loctor pres	sent, as requi	red under IC 16-34-2-	-3(a)(3)
Date last normal me	05/	26/2018			n estimat	e of gestation (a	in week.	s)	Post fe	ertilization ag	e of the fetus (in week	cs)
How were the gesta	_	-	on age determine	ed?								
Was a waiver of cons						a waiver of not			d?	☐ Yes	■ No	
Is the patient seeking  Full name of physic			g any of the follow	wing?	☐ Abu	ised		Coerced		Harassed	☐ Trafficked	
DR. JEFFREY D. (	GLÁZER	₹										
Address of physicia 1201 N ARLINGTO	-	-		, city, state	e, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination  MARION			
Patient's age**	Marrie	d	Date of pregna	ancy termi	ination	Educa	tion						
31 Page		Yes No	(	07/06/201	8					elor's Degr	ee		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Black ■ Other		an American		known	■ Not I	y anic or Latino Hispanic or L			
Live Births:		umber now living	1					per now c		0			
Other Termination	us.	umber of spontaneou	0				Numb	er of ind	uced termi	nations <b>0</b>			
Dates of termination		t include this termin	v			*							
Fetus delivered aliv	e?	If yes, length of ti				4			y preexistin		ditions of the patient that may		
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					_		regnancy Termination		
									None Hemorrhag	_	Uterine Perforation Cervical Laceration		
Pathological examin	nation	If yes, results:			☐ Infection ☐ Retained Produ								
performed?  • Yes	No	CHORIONIC VIL	LAE, GESTA	TIONAL	SAC Other (Specify)								
								Did thi ☐ Ye			ncy result in a maternal death		
				Туре	of Termin	ermination Procedures							
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Ter	minated Pr	regnancy			
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprostol				
Medical (Nons									Other (Spec				
Check the box indic	rer's instrued the partical) Suciocal) Mer	tion Curettage astrual Aspiration	ere completed	stion		Check the bo The man The patie Medical Medical	x indic ufacture ent sign (Surgic (Surgic	ating the er's instructed the parally Suctails	following actions pro atient agree ion Curetta strual Aspi	items were covided to the period ge			
Medical (Surgi			11					cal) Other (Specify)  cal) procedures, answer the following question.					
Was the fetus viab ☐ Yes	le or have	dures, answer the fo	age at least 20 v	weeks?		Was the fet  ☐ Y	tus viab es [	le or hav  No	e a post fer	rtilization age	e at least 20 weeks?		
Was the fetus giver		answered yes, comp opportunity to survi		ng questior	18.	Was the fett	•	the best		es, complete try to survive?	the following questions.		
	uired the	determination that procedure to avert of					nat requ	ired the			e pregnant woman had a ah or serious impairment to		
List the name of the <b>N/A</b>	second de	octor present, as requ	ired under IC 16	-34-2-3(a)(	(3)	List the name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)		
Date last normal me	_	an <b>07/2018</b>		Physician	n estimate	e of gestation (i	n week:	s)	Post fe	ertilization ag	e of the fetus (in weeks)  5		
How were the gesta	_	e and post fertilization end post fertilizati	_	ed?									
Was a waiver of cons					<u> </u>	a waiver of not			ed?	Yes	■ No		
Is the patient seeking			any of the follo	wing?	Abu	ised		oerced		Harassed	☐ Trafficked		
Full name of physic DR. JEFFREY D. (	_												
Address of physicia	n perforn	ning termination (nu		, city, state	e, and zip	code)							
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219										
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,		City or t	own, of pregna				County of p	pregnancy termination MARION		
Patient's age**	Marrie		Date of pregna	ancy termi	ination	Educat	tion		·				
31 Page		Yes No	C	07/06/201	8				Asso Ethnicity	ciate Degre	ee		
Race American Indian Native Hawaiian	n or Othe		Asian White	■ Black		an American	_	known ber now d	Hispa	anic or Latino Hispanic or L			
Live Births:			1							0			
Other Termination	15.	umber of spontaneou	0				Numb	er of ind	uced termi	nations 2			
Dates of termination 1. 2007		t include this termin 2006	ation. If more th					5			6		
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:					y preexistin cate the abo		nditions of the patient that may		
Fetus viable?  ☐ Yes ■	No	If viable, medical	reason for term	ination:					Complic		regnancy Termination  Uterine Perforation		
									Hemorrhag	_	Cervical Laceration		
Pathological examir performed?		If yes, results:	LAE OESTA	TIONAL	240				Infection	cifu)	Retained Products		
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	IIONAL S	SAC Other (Specify)								
						Did this termination of pregnancy result in a maternal of Yes No							
				Tyne	of Termi	Termination Procedures							
Procedure that Term	ninated P	regnancy		- 11-		Additional Pr		that Ter	minated Pr	regnancy			
☐ Medical (Nons									Mifepriston Misoprostol				
Medical (Nons									Other (Spec				
The manufactur The patient sign Medical (Surgi	cating the rer's instrued the par- cal) Suc	e following items we uctions provided to tient agreement	ere completed	stion		Check the bo The man The patie	x indica ufacture ent sign (Surgic	ating the er's instru ed the pa al) Suct	following	items were c vided to the p ment ge			
☐ Medical (Surgi	cal) Oth	er (Specify)				Medical (Surgical) Other (Specify)  For Medical (Surgical) procedures, answer the following question.							
☐ Yes	le or hav	e a post fertilization	age at least 20 v	weeks?		Was the fet ☐ Y	tus viab es [	le or hav  No	e a post fer	tilization age	e at least 20 weeks?		
Was the fetus given		answered yes, compoportunity to surviv		ig questior	ns.	Was the fetu	-	the best		y to survive?	the following questions.		
	iired the	determination that procedure to avert of					nat requ	ired the			e pregnant woman had a th or serious impairment to		
List the name of the <b>N/A</b>	second d	octor present, as requi	red under IC 16	-34-2-3(a)(	(3)	List the name	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3		
Date last normal me	-	an 17/2018		Physician	n estimate	e of gestation (i	n weeks	s)	Post fe	rtilization age	e of the fetus (in weeks) 3		
How were the gesta ULTRASOUND EX	_	-	_	ed?									
Was a waiver of cons						a waiver of not			ed?	Yes	■ No		
Is the patient seeking Full name of physic			any of the follo	wing?	Abu	ised		Coerced		Harassed	☐ Trafficked		
DR. JEFFREY D. C	GLAZER	1			1 .	1-1							
Address of physicia 1201 N ARLINGTO	-	-		, city, state	e, and zip	code)							
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219						town, of pregna	ncy ter	mination		County of p	pregnancy termination MARION	
Patient's age**	Marrie	:d	Date of pregnar	ncy termi	ination	Educa	tion					
23		Yes No	07	7/06/201	8			Hi		ol Diploma	or GED	
Race American Indian Native Hawaiian		ka Native r Pacific Islander	☐ Asian ☐ White	■ Black		an American	☐ Un	nknown		/ anic or Latino Hispanic or La		n
Live Births:	N	umber now living	1				Numb	er now de	ceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations				Numl	per of indu	ced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more tha	an six (6)	, those m	ost recent.)						
1	2	·	3			4		5		1: 1	6	
Fetus delivered alive		If yes, length of ti	me fetus survived	1:					preexistin ate the abo		ditions of the patient that r	may
Fetus viable?		If viable, medical	reason for termin	nation:					0 1	() 00		
☐ Yes ■	No							■ N	Complic		regnancy Termination Uterine Perforation	
									emorrhag	_	Cervical Laceration	
Pathological examir performed?	nation	If yes, results:						☐ In	fection		Retained Products	
■ Yes □	No	CHORIONIC VIL	LAE, GESTAT	IONAL S	SAC				ther (Spec	cify)		
								Did this Yes			ncy result in a maternal de	eath?
				Type	of Termi	nation Procedu	res					
Procedure that Term						Additional Pr						
☐ Medical (Nonsi				Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol								
Medical (Nons	Medical (Nonsurgical) Other (Specify)											
For Medical (Nonsu Check the box indic The manufactur The patient sign		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement										
Medical (Surgi Medical (Surgi Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical ☐ Medical ☐ Medical	(Surgic	cal) Suctional) Menst cal) Other	rual Aspi			
- Wedlear (Surgr	cur) Our	or (specify)				Nicalcar	(Burgie	out) Outer	(Бресцу)			
	le or have	edures, answer the for e a post fertilization					tus viab	ole or have			ring question. e at least 20 weeks?	
☐ Yes  If the previous ques	■ No tion was	answered yes, comp	lete the following	g question	ns.	_	es [ s quest		swered y	es, complete t	the following questions.	
	the best No	opportunity to survi	ve?				us giver Yes [		pportunit	y to survive?		
	ired the	determination that procedure to avert					hat requ	aired the p			e pregnant woman had h or serious impairment	
List the name of the <b>n/a</b>	second d	octor present, as requ	ired under IC 16-3	34-2-3(a)(	(3)	List the nam	e of the	e second do	octor pres	sent, as requir	red under IC 16-34-2-3(a	1)(3)
Date last normal me	_	an KNOWN		Physicia	n estimat	e of gestation (i	in week.	s)	Post fe	rtilization age	e of the fetus (in weeks)	
How were the gestar ULTRASOUND EX	_	-	-	1?					1			
Was a waiver of cons	sent obtain	ned?	s • No	1	Was	a waiver of not	ificatio	n obtained	1?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	g any of the follow	ring?	☐ Abu	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. JEFFREY D. O												
Address of physicia			mber and street,	city, state	e, and zip	code)						
1201 N ARLINGTO	-	-										
**Date Reported	to DCS	, if Patient under	16 (month, day, y	rear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/11/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410		City or t	town, of pregna	•			County of p	pregnancy termination  LAKE				
Patient's age**	Marrie	d	Date of pregn	ancy termi	nation	Educa	tion					
15		Yes ■ No	(	07/11/201	8					th, No Diplo	oma	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black		an American		known	■ Not I	y anic or Latino Hispanic or L		
Live Births:	N	umber now living	0					er now d		0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations <b>0</b>		
Dates of termination	,		v			*						
1		·				4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may	
F ( 11.0		Y6 : 11 1: 1		. ,.				n//a				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination	
								• 1	None		Uterine Perforation	
Pathological examin	nation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration	
performed?	iation	11 yes, results.							Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
								Did thi ☐ Ye			ncy result in a maternal death?	
		•		Tyme	of Tarm:	nation Procedur	rec					
Procedure that Term	ninated P	regnancy		1 ype	OI ICIIIII	Additional Procedure		e that Ter	minated P	regnancy		
☐ Medical (Nonsi									Mifepriston			
☐ Medical (Nonsi								Misoprosto Other (Spec				
Wiedleaf (Nons)	urgicar)	Other (Specify)				Iviculcar	(1voiisu	igicai) (	other (spec	.( <i>jy)</i>		
For Medical (Nonsu	raical) n	roaduras answar th	o following aug	oction		For Madical (	Nongur	raigal) pr	aaduras a	nawar tha fall	lowing question	
Check the box indic	- 1		U 1	Stion		Check the bo						
		uctions provided to	the patient						-	ovided to the	patient	
The patient sign  Medical (Surgi									itient agree ion Curetta			
Medical (Surgi	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration		
Medical (Surgi	cal) Oth	er (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgic	al) proce	dures, answer the fo	llowing questio	n.		For Medical						
	le or havo ■ No	e a post fertilization	age at least 20 v	weeks?		Was the fet  ☐ Y		le or hav  No	e a post fer	rtilization age	e at least 20 weeks?	
If the previous quest		answered yes, comp	lete the following	ng questior	ns.	_			nswered y	es, complete	the following questions.	
	the best No	opportunity to surviv	ve?						opportunit	ty to survive?		
	_						Yes [					
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to	
the pregnant woman	n?					the pregnan			1		1	
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
n/a				D1 · ·		<u> </u>		,		(11)	6.1 6.4 (1)	
Date last normal me	_	an <b>01/2018</b>		Physician	n estimat	e of gestation (i	n weeks	5)	Post fe	ertilization ag	te of the fetus (in weeks)	
How were the gestar			on age determin	ed?		-						
ULTRASOUND												
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	ed?	☐ Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	Abu	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. MANDY GITTI	_	rming termination										
Address of physicia		ning termination (nu	mber and street	t, city, state	e, and zip	code)						
8645 CONNECTIO	-	-										
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year): <b>07/</b>	/11/2018					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 4620					City or t	INDIANAPOLIS					County of	pregnancy termination  MARION
Patient's age** 30	Married Yes	] No	Date of pregna	ncy term 7/10/20		Ec	ducation	1		9th-12	th, No Dipl	loma
Race American Indian or			Asian	=		an America			[		anic or Latin	
☐ Native Hawaiian or	Other Pacific Isla  Number now l		] White	Othe	er			Unkno umber n	own [		Hispanic or I	Latino Unknown
Other Terminations:	Number of spo	ontaneous	terminations				N	umber o	of induce	ed termi	nations 1	
Dates of terminations (	Do not include this	s terminat	ion. If more th	an six (6	), those mo	ost recent.)						
1. 11/28/2014 Fetus delivered alive?	2	ath of time	ae fetus survive	vd:		4			5	reevistin	g medical co	onditions of the patient that may
Yes No	, ,	gui oi uiik	c ictus survive	u.					omplicate		-	nations of the patient that may
								N	N/A			
Fetus viable?  ☐ Yes ■ No		nedical re	ason for termi	nation:				=		Compli	cation(s) of I	Pregnancy Termination
									■ No			Uterine Perforation
Pathological examinati	on If yes, resu	ılts:							_	norrhag ection	e L	Cervical Laceration Retained Products
performed?  ☐ Yes ■ No	,									ier (Spec		
								Di		ermination N		ancy result in a maternal death?
	<u> </u>			Tyne	of Termin	nation Proc	edures					
Procedure that Termina	Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone								at Termi	nated Pi	regnancy	
☐ Medical (Nonsurg ☐ Medical (Nonsurg					cal) Mif							
Medical (Nonsurg						cal) Oth						
For Medical (Nonsurgion Check the box indication)				stion							nswer the fol items were	llowing question completed
The manufacturer's			e patient			☐ The	manufa	cturer's	instruct	ions pro	vided to the	=
The patient signed a Medical (Surgical)									the patie Suction			
Medical (Surgical) Medical (Surgical)		ation				☐ Med			Menstru Other (S		ration	
	(-135)					☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical)	procedures, answe	er the follo	wing question	1.		For Medi	ical (Su	rgical) p	procedur	es, answ	er the follow	wing question.
Was the fetus viable of	or have a post fertil		• 1			Was th	e fetus	viable o	or have a			ge at least 20 weeks?
Yes If the previous question		s, complet	e the followin	g questio	ns.		☐ Yes vious qı	_		wered y	es, complete	the following questions.
Was the fetus given the		to survive	?			Was the	e fetus g	given the	e best op No	portunit	y to survive	?
What was the basis	for determinatio	n that th	e pregnant v	woman l	nad a	What	was the	e basis	for de	terminat	ion that th	ne pregnant woman had a
condition that require the pregnant woman?	d the procedure to	avert dea	ath or serious	impairm	ent to	condition		required				ath or serious impairment to
							,					
List the name of the sec	ond doctor present,	as require	d under IC 16-	34-2-3(a)	(3)	List the	name of	f the sec	cond doc	etor pres	sent, as requi	ired under IC 16-34-2-3(a)(3)
N/A				DI		<u> </u>	··	1 )		D (C		
Date last normal mense	in estimate	of gestation	on ( <i>in w</i>	veeks)		Post le	runzation ag	ge of the fetus (in weeks)  5				
How were the gestation	nal age and post fer	rtilization	age determine	ed?								
Was a waiver of consent	obtained?	☐ Yes	■ N	0	Was	a waiver o	f notific	ation of	htained?		Yes	■ No
Is the patient seeking an					Abu			_			Harassed	☐ Trafficked
Full name of physician	-	nation						_				
DR. CASANDRA CAS Address of physician p		tion (numb	per and street,	city, stat	e, and zip	code)						
8590 GEORGETOWN	_											
**Date Reported to	DCS if Patient	under 16	(month day	vear).								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination MARION			
Patient's age**	Marrie	ed	Date of pregn	ancy term	ination	Educa	tion				
21	_	Yes No	(	07/10/20 <sup>-</sup>	18					ollege, No D	)egree
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American	_	known	■ Not l	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	0				Numb	er now o	leceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of ind	uced termi	nations <b>0</b>	
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)					
1	2					4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexisting cate the about	-	nditions of the patient that may
T		x0 : 11	<u> </u>					N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination
	110							•	None		Uterine Perforation
D 4 1 1 1 1 1		TC L							Hemorrhag	ge 🔲	Cervical Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products
-	No								Other (Spe	cify)	
								Did thi	s terminati		ncy result in a maternal death?
								☐ Ye	s 🔳 N	0	
				Туре	of Termi	nation Procedur	res				_
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	e that Ter	minated P	regnancy	
☐ Medical (Nons									Aifepriston Aisoprosto		
Medical (Nons						onsoprosio Other ( <i>Spec</i>					
For Medical (Nonsu	ırgical) pı	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pro	ocedures, a	nswer the foll	lowing question
Check the box indic	cating the	e following items we	re completed			Check the bo	x indic	ating the	following	items were c	completed
_		ructions provided to	the patient						actions pro atient agree	vided to the	patient
The patient sign  Medical (Surgi									ion Curetta		
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration	
Medical (Surgi	cal) Oth	er (Specify)				Medical	(Surgic	al) Othe	r (Specify)		
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questic	n.		For Medical (	Surgica	al) proce	dures, ansv	ver the follow	/ing question.
		e a post fertilization	age at least 20	weeks?					e a post fe	rtilization age	e at least 20 weeks?
	■ No	answered yes, comp	lete the followi	ng questio	ns	If the previou		No ion was a	nswered v	es complete t	the following questions.
		opportunity to surviv		-6 4		_	-		-	ty to survive?	
□Yes [	□No						Yes [			•	
		determination that									e pregnant woman had a
the pregnant woman		procedure to avert of	leath or serious	s impairm	ent to	condition the			procedure	to avert deat	th or serious impairment to
						- F-vBman					
List de a company	! !	actor w	irod I to t t	24.2.20	(2)	1:-4:1	0 c f 11		do at-	ant	red under IC 16 24 2 26 262
N/A	second d	octor present, as requi	nea unaer IC 16	-34-2-3(a)	(3)	List the nam	e of the	second	uoctor pres	sent, as requii	red under IC 16-34-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	ın estimat	e of gestation (i	n weeks	5)	Post fe	ertilization ag	ge of the fetus (in weeks)
	05/	05/2018		-		9					7
_	tional ago	e and post fertilization	n age determin	ed?							
ULTRASOUND											
Was a waiver of cons						a waiver of not			ed?	Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed	☐ C	Coerced		Harassed	☐ Trafficked
Full name of physic DR. CASANDRA C	_										
		ning termination (nu	mber and stree	t, city, stat	e, and zin	code)					
8590 GEORGETO	-	-		<i>y</i> ,	· ~ r	,					
**De4= D	to DOC	if Doting 1 1 1	6 ( 1 1	N:							
· · Date Keported	io DCS	, if Patient under 1	υ (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PPIN-GEORGETOWN OR	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46					town, of pregna	ancy teri		Cour	nty of p	regnancy termination MARION	
Patient's age** 29	Marrie [	d ☐ Yes ■ No	Date of pregn	ancy term 07/10/20		Educa	ntion	В	achelor's	s Degre	ee	
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		ıknown I	icity Iispanic or Vot Hispan			
Live Births:		umber now living	0					per now decease		0		
Other Termination	s: N	umber of spontaneo	us terminations <b>0</b>				Numb	per of induced t	erminations	s <b>0</b>		
Dates of termination	is (Do no	ot include this termin		han six (6	), those m	ost recent.)						
Fetus delivered alive		If yes, length of ti	ime fetus surviv	ed:		4		List any preex complicate the		ical con	ditions of the patient that may	
Fetus viable?		If viable, medical	rangen for term	ination				N/A				
Yes Yes	No	ii viabie, medicai	reason for term	ination:				■ None		s) of Pr	regnancy Termination  Uterine Perforation	
Pathological examin	ation	If yes, results:						☐ Hemor	Č		Cervical Laceration Retained Products	
performed?	No								Specify)		Totaliou Troudo	
									nation of p	oregnan	cy result in a maternal death?	
				Type	of Termi	nation Procedu	ires					
Procedure that Term	ninated P	regnancy		1 урс	. 01 1011111			e that Terminate	ed Pregnan	су		
Medical (Nonsu	urgical)	Mifepristone				☐ Medical	(Nonsu	rgical) Mifepri	stone	,		
Medical (Nonsu								rgical) Misopr rgical) Other (				
	ating the er's instr	e following items we ructions provided to	ere completed	estion		Check the be	ox indic nufactur	rgical) procedure ating the follow er's instructions	ing items provided	were co	ompleted	
The patient sign								ned the patient a eal) Suction Cu				
	cal) Mer	nstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
	le or have	edures, answer the for	- 1			Was the fe	tus viab				ing question. at least 20 weeks?	
☐ Yes [ If the previous quest	☐ No tion was	answered yes, comp	lete the following	ng questic	ons.	If the previous	_	☐ No ion was answer	ed yes, con	nplete t	he following questions.	
Was the fetus given  ☐ Yes [		opportunity to survi	ve?				us giver Yes [	n the best oppor ☐ No	tunity to su	ırvive?		
	ired the	determination that procedure to avert					hat requ	ired the proced			pregnant woman had a h or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	0(3)	List the nan	ne of the	e second doctor	present, as	s requir	ed under IC 16-34-2-3(a)(3)	
Date last normal me	an estimat	e of gestation (	in week:	s) Po	st fertilizat	tion age	e of the fetus (in weeks) 3					
How were the gestat	tional age	e and post fertilization	on age determin	ed?								
Was a waiver of cons					Was	a waiver of no			☐ Ye	es	■ No	
Is the patient seeking			g any of the follo	wing?	☐ Abı	ised		Coerced	Hara	issed	☐ Trafficked	
Full name of physics DR. CASANDRA C	-	-										
Address of physician 8590 GEORGETO	-	-		, city, stai	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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						<u>'</u>			- (-)-			
Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 8	590 GEORGETOWN ROA	AD, INDIANAPOLIS, I	N, 46268	City or	town, of pregna	-			County of p	MAR	termination ION
Patient's age**	Marrie		Date of pregna	•		Educa	tion					
21	[	Yes ■ No	0	7/10/20	18					ollege, No D	egree	
Race American Indian Native Hawaiian			Asian White	☐ Blac		an American	□ Ur	nknown		y anic or Latino Hispanic or L		<ul><li>Unknown</li></ul>
Live Births:		lumber now living	0					ber now o		0		
Other Termination	Ne. N	lumber of spontaneo					Numl	ber of ind	uced termi	inations		
Dates of termination		ot include this termi	nation If more th	an six (6	) those m	ost recent )				0		
1		2	3			4		5			6	
Fetus delivered alive		If yes, length of t	ime fetus survive	ed:					y preexisting cate the about		ditions of t	the patient that may
								N/A				
Fetus viable?		If viable, medical	reason for termi	nation:					- C - L'	.: () an		
☐ Yes ■	No								_	cation(s) of P		
									None Hemorrhag	re $\Box$		Perforation  Laceration
Pathological examir	nation	If yes, results:							Infection	,		l Products
performed?	No								Other (Spe	cify)		
	110											
											icy result i	n a maternal death?
								☐ Ye	s 🔳 N	0		
				Type	of Termi	nation Procedu						_
Procedure that Term		•				Additional Pr						
Medical (Nonsi			☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol									
Medical (Nons		Medical (Nonsurgical) Other (Specify)										
For Medical (Nonsu	rgical) p	rocedures, answer th	ne following ques	stion		For Medical (	Nonsu	rgical) pro	ocedures, a	nswer the foll	owing que	stion
Check the box indic	_	=	_					-	_	items were c	•	
The manufacture The patient sign		ructions provided to	the patient			=			uctions pro atient agree	ovided to the perment	patient	
☐ Medical (Surgi						☐ Medical						
☐ Medical (Surgi	cal) Me	nstrual Aspiration					(Surgio	cal) Men	strual Aspi	ration		
Medical (Surgi	cai) Oin	ier (Specify)				☐ Medical	(Surgio	cai) Otne	r (Specify)			
For Medical (Surgio	al) proce	edures, answer the fo	ollowing question	1.		For Medical	(Surgic	al) proce	dures, ansv	ver the follow	ing question	on.
		e a post fertilization	age at least 20 w	eeks?					e a post fe	rtilization age	at least 20	) weeks?
☐ Yes  If the previous ques	☐ No tion was	answered yes, comp	olete the followin	g questio	ns.	If the previou	-	☐ No tion was a	ınswered y	es, complete	he followi	ng questions.
		t opportunity to survi		<i>C</i> 1		•	•			ty to survive?		<i>S</i> 1
☐Yes [	□No						Yes [	No				
		determination that										t woman had a
the pregnant woman		procedure to avert	death or serious	ımpaırm	ent to	the pregnan			procedure	to avert deat	h or serio	us impairment to
Tital Cal	1.1			24.2.2(.)	(2)	Time	Cd	1	1. 4		. 1 . 1 . 1	(0.17, 24, 2, 27, 7/2)
List the name of the	second d	loctor present, as requ	iired under iC 16-	34-2-3(a)	(3)	List the nam	e or the	e second	doctor pres	sent, as requi	rea unaer i	IC 16-34-2-3(a)(3)
Date last normal me	nses beg	gan		Physicia	ın estimat	e of gestation (i	in week	(s)	Post fe	ertilization ag	e of the fet	us (in weeks)
	-	/01/2018		,		8		,		S	6	,
How were the gesta	tional ag	e and post fertilizati	on age determine	ed?								
ULTRASOUND												
Was a waiver of cons					Was	a waiver of not	tificatio	on obtain	ed?	☐ Yes	■ No	
Is the patient seeking			g any of the follow	wing?	☐ Abı	used		Coerced		Harassed	☐ Tra	fficked
Full name of physic												
DR. CASANDRA C			imher and street	city stat	e and sin	code)						_
8590 GEORGETO	-	-		cuy, siai	с, ана хір	coue)						
			· 									
**D	L. D.C.	1 :CD-/: / 1	16 /									
**Date Reported	to DCS	S, if Patient under	10 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462					City or	town, of pregna	•			County of J	pregnancy termination  MARION		
Patient's age**	Marrie		Date of pregn	ancv term	ination	Educa	tion			I	_		
18	_	Yes No		07/10/201				H	ligh Scho	ol Diploma	or GED		
Race American India Native Hawaiian		ka Native r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	☐ Un	known		y anic or Latino Hispanic or L			
Live Births:	N	umber now living	0				Numb	er now o	leceased	0			
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations <b>0</b>			
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6,	), those m	ost recent.)							
1	2	L	3			4		5			6		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo		nditions of the patient that may		
								N/A					
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Complie	cation(s) of P	Pregnancy Termination		
	110								None		Uterine Perforation		
D. J.		10							Hemorrhag	je 🗆	Cervical Laceration		
Pathological examination performed?	nation	If yes, results:							Infection		Retained Products		
☐ Yes ■	No								Other (Spec	cify)			
											ncy result in a maternal death		
								☐ Ye	s 🔳 N	0			
				Туре	of Termi	nation Procedur	res						
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Ter	minated P	regnancy			
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>									Mifepriston Misoprosto				
Medical (Nons									Other (Spec				
For Medical (Nonsu	ırgical) pı	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pro	ocedures, a	nswer the foll	lowing question		
	_	e following items we	_			Check the bo		_	_		•		
The manufacture.  The patient sign		ructions provided to tient agreement	the patient						uctions pro atient agree	wided to the ment	patient		
☐ Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge			
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi				
Wiedicai (Suigi	car) Our	ы (Бресцу)				☐ Medical (Surgical) Other (Specify)							
· -		edures, answer the fo									ving question.		
	le or hav	e a post fertilization	age at least 20	weeks?			tus viab 'es [		e a post fei	tilization age	e at least 20 weeks?		
If the previous ques	tion was	answered yes, comp		ng questio	ns.		_	_	inswered y	es, complete	the following questions.		
	n the best ☐ No	opportunity to surviv	ve?				us given Yes [		opportunit	y to survive?	1		
	_	1	d		. 1			_		_			
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to		
the pregnant woman						the pregnan					r		
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	ired under IC 16-34-2-3(a)(3)		
						<u> </u>							
Date last normal me	_			Physicia	ın estimat	e of gestation (i	in weeks	5)	Post fe	ertilization ag	ge of the fetus (in weeks)		
How were the gesta		07/2018 e and post fertilization	on age determin	ed?		9					7		
ULTRASOUND	o.iui ugi	poor rerunzatio	050 00001111111										
Was a waiver of cons	sent obtain	ned?	; <u> </u>	Jo	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No		
Is the patient seeking						used		oerced	[	Harassed	☐ Trafficked		
Full name of physic				-					_				
DR. CASANDRA	CASHMA	AN											
	-	ning termination (nu		t, city, stat	e, and zip	code)							
8590 GEORGETO	WN KO	AU, INDIANAPOL	io, in 46268										
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462					INDIANAPOLIS MARIC					pregnancy termination MARION			
Patient's age** 23	Marrie	ed ■ Yes □ No	Date of pregn	ancy term 07/10/20		Ed	lucation		Some Co	ollege, No D	)egree		
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Blac		an America	ın $\Box$	Unknown		y anic or Latino Hispanic or L			
Live Births:		umber now living	0	<u> </u>	J1			imber now		0	atino		
Other Termination	ns: N	umber of spontaneou					Nu	ımber of in	duced termi				
Dates of termination	ns (Do no	ot include this termin	ation. If more to	han six (6	), those me	ost recent.)	l				6		
Fetus delivered aliv		If yes, length of ti		ed:		4			ny preexistin	-	aditions of the patient that may		
Fetus viable?		If viable, medical	reason for term	ination:				N/A					
Yes Yes	No	ii viuote, medicui	reason for term	indicon.				•	None		regnancy Termination Uterine Perforation		
Pathological examin	nation	If yes, results:						ᅱ ¦	Hemorrhag Infection	ge 📙	Cervical Laceration Retained Products		
performed?	No								Other (Spec	_	retuined Froducts		
									nis terminati		ncy result in a maternal death?		
		1		Tyne	of Termi	nation Proc	edures						
Procedure that Term	ninated P	regnancy		- ypc	. 0. 1011111			lure that T	erminated Pr	regnancy			
Medical (Nons Medical (Nons Medical (Nons		☐ Med	ical (No	nsurgical)	Misoprosto Other (Spec	l							
	uigicai)	Other ( <i>specify</i> )				Wied	ilcai (INOI	iisuigicai)	Other (spec	<i>:(yy)</i>			
Check the box indic	cating the	rocedures, answer the following items we ructions provided to	ere completed	estion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement							
The patient sign  Medical (Surgi		<u>_</u>					•						
	cal) Mei	nstrual Aspiration											
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questio	n.		For Medical (Surgical) procedures, answer the following question.							
	le or hav □ No	e a post fertilization	age at least 20 v	weeks?			e fetus v ☐ Yes	iable or ha	ve a post fer	rtilization age	e at least 20 weeks?		
	the best	answered yes, compoportunity to surviv		ng questic	ons.	Was the	e fetus gi		•	es, complete ty to survive?	the following questions.		
	iired the	determination that procedure to avert of				conditi		equired the			e pregnant woman had a th or serious impairment to		
List the name of the	second d	octor present, as requi	ired under IC 16	i-34-2-3(a)	)(3)	List the	name of	the second	l doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
Date last normal me	-	an <b>26/2018</b>		Physicia	an estimate	e of gestati	on (in we	eeks)	Post fe	ertilization ag	e of the fetus (in weeks) 4		
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?					<b>,</b>				
Was a waiver of cons						a waiver o				☐ Yes	■ No		
Is the patient seeking Full name of physic			any of the follo	wing?	Abu	ısed		Coerced		Harassed	☐ Trafficked		
DR. CASANDRA	_	-											
Address of physicia 8590 GEORGETO	-	ning termination (nu.		t, city, sta	te, and zip	code)							
			, ====										
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462					INDIANAPOLIS					County of p	oregnancy termination  MARION	
Patient's age** 17	Marrie	ed Yes No	Date of pregn	ancy term 07/11/20		Ed	ucation	ŀ	ligh Scho	ool Diploma	or GED	
Race American Indian			Asian	☐ Blac	k or Afric	an America				anic or Latino		
☐ Native Hawaiiai		umber now living	White	Othe	er			nknown ber now o		Hispanic or L	atino Unknown	
Other Termination	ns: N	umber of spontaneou	us terminations				Num	ber of ind	luced termi			
		ot include this termin	ation. If more ti	han six (6	), those m	ost recent.)				0		
I	2		3	1		4		5	v propriation	a modical cor	oditions of the patient that may	
Fetus delivered alive		If yes, length of ti	me ieius surviv	ea:					cate the abo	-	iditions of the patient that may	
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination	
									None		Uterine Perforation	
Pathological examir	nation	If yes, results:						_	Hemorrhag Infection	ge ∐ □	Cervical Laceration Retained Products	
performed? ☐ Yes ■	No							_	Other (Spe	_	1000000	
								Did thi ☐ Ye			ncy result in a maternal death?	
		1		Type	e of Termi	nation Proce	edures					
Procedure that Term	ninated P	regnancy		1,700	01 1011111			e that Te	rminated P	regnancy		
Medical (Nonsi									Mifepriston Misoprosto			
Medical (Nons									Other (Spec			
For Medical (Nonsu Check the box indic				stion						nswer the foll items were c	lowing question completed	
■ The manufactur	er's insti	ructions provided to	•			☐ The r	nanufactu	er's instr	uctions pro	ovided to the	=	
The patient sign  Medical (Surgi									atient agree ion Curetta			
Medical (Surgi		nstrual Aspiration er (Specify)				☐ Medi			strual Aspi er ( <i>Specify</i> )			
	,	(1 33)										
For Medical (Surgic	al) proce	edures, answer the fo	llowing questio	n.		For Medic	cal (Surgic	al) proce	dures, ansv	ver the follow	ving question.	
Was the fetus viab	le or hav	e a post fertilization	• .			Was the	e fetus vial				e at least 20 weeks?	
If the previous ques		answered yes, comp		ng questic	ons.	_		_	answered y	es, complete	the following questions.	
Was the fetus given  ☐ Yes		opportunity to surviv	ve?			Was the	fetus give Yes [	n the best  No	t opportunit	ty to survive?		
		determination that				What w	as the b	asis for	determina	tion that the	e pregnant woman had a	
the pregnant woman		procedure to avert of	death or serious	impairm	ent to	conditio		uired the			th or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the r	name of the	e second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)	
Date last normal me	nses beg	an		Physicia	an estimate	e of gestation	on (in week	(s)	Post fe	ertilization ag	e of the fetus (in weeks)	
		7	,				5					
How were the gestar ULTRASOUND	nonai ag	e and post fertilization	m age determin	eu !								
Was a waiver of cons					Was	a waiver of	notification	on obtain	ed?	☐ Yes	■ No	
Is the patient seeking			any of the follo	wing?	☐ Abu	ised		Coerced		Harassed	Trafficked	
Full name of physic DR. CASANDRA C	-	-										
Address of physicia	-	-		, city, sta	te, and zip	code)						
8590 GEORGETO	VVIN KU	AD, INDIANAPOL	IS, IN 40208									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A	IN, 46268	City or	town, of pregna	•			County of		acy termination  ARION			
Patient's age**	Marrie	d	Date of pregn	nancy term	ination	Educa	tion					
29		Yes No		07/10/20 <sup>-</sup>	18					Unknown		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		known	Not I	y anic or Latin Hispanic or I		Unknown
Live Births:	N	umber now living	1						deceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numb	er of inc	luced termi	nations <b>0</b>		
Dates of termination	,	ot include this termin	v	, ,		· ·		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin		nditions	of the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	nination:					Compli	cation(s) of I	Pregnanc	cy Termination
									None		] Uterii	ne Perforation
Pathological examin	nation	If yes, results:							Hemorrhag	je 🗆	-	ical Laceration
performed?	nation	ii yes, resuits:							Infection		Retai	ned Products
☐ Yes ■	No								Other (Spec	cify)		
								Did thi			ncy resu	ılt in a maternal death?
		1		<i>T</i>	cm ·				<u>  1</u> 11			
Procedure that Term	ninatad D	regnancy		Туре	of Termi	nation Procedur  Additional Pr		that Ta	rminated D	regnancy		
☐ Medical (Nons		•							Mifepriston			
☐ Medical (Nons	urgical)	Misoprostol			Medical	(Nonsu	rgical) l	Misoprosto	l			
☐ Medical (Nons	urgicai)	Otner ( <i>Specify</i> )			Medical	(Nonsu	rgicai) (	Other (Spec	uy)			
E W E 101	. 1		c 11 ·			E M E L	21	. 10		4 61		
For Medical (Nonsu Check the box indic				estion		For Medical ( Check the bo		_ , 1			_	1
☐ The manufactur	rer's instr	ructions provided to	_			■ The man	ufacture	er's instr	uctions pro	vided to the	_	
The patient sign									atient agree			
	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	ion Curetta strual Aspi	ration		
Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	ollowing question	on.		For Medical	(Surgica	ıl) proce	dures, answ	ver the follow	wing que	estion.
		e a post fertilization	age at least 20	weeks?					e a post fei	tilization ag	e at leas	t 20 weeks?
☐ Yes If the previous ques	■ No tion was	answered yes, comp	lete the followi	ng questio	ons.		es [ s questi		answered y	es, complete	the follo	owing questions.
Was the fetus given	n the best	opportunity to survi		• .		Was the fett	us given	the bes	-	y to survive		
□Yes	□No						Yes L	□ No				
		determination that procedure to avert										nant woman had a
the pregnant woman		procedure to avert	death of serious	3 Impunin	ciit to	the pregnan			procedure	to avert dea	illi oi se	erious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	ired und	ler IC 16-34-2-3(a)(3)
N/A												
Date last normal me	_	an KNOWN		Physicia	an estimat	e of gestation (i	in weeks	<i></i>	Post fe	ertilization ag	ge of the	e fetus (in weeks)
How were the gesta			on age determin	led?								
ULTRASOUND												
Was a waiver of cons	sent obtain	ned?	s • N	No	Was	a waiver of not	ification	n obtain	ed?	Yes	■ N	
Is the patient seeking	an aborti	on as a result of being	g any of the follo	owing?	☐ Abı	ısed	□ C	oerced		Harassed		Trafficked
Full name of physic	-	-										
Address of physicia			mber and stree	t, citv. stat	te, and zin	(code)						
8590 GEORGETO	-	=		.,,, 51011	., Lep	/						
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and Add PPIN-GEORGETOWN OR (PP	City or to	own, of pregna	ncy term		County of p	oregnancy termination  MARION					
Patient's age**  31	Married Yes No	Date of pregnancy term 07/10/20		Educa	tion	High Sch	ool Diploma	or GED			
Race American Indian or		☐ Asian ■ Bla	ck or Africa	n American			panic or Latino				
Native Hawaiian or	Other Pacific Islander Number now living	☐ White ☐ Oth	er		Unk Numbe	nown Not	Hispanic or La	atino Unknown			
Other Terminations:	Number of spontane	ous terminations			Numbe	er of induced term					
		<b>0</b> nation. If more than six (	6), those mo	ost recent.)			0				
1	2	3	4	L		5		6			
Fetus delivered alive?  Yes No	, , ,	time fetus survived:				List any preexisti complicate the ab	-	ditions of the patient that may			
						N/A					
Fetus viable?  ☐ Yes ■ No		l reason for termination:				Compl	ication(s) of Pr	regnancy Termination			
						■ None		Uterine Perforation			
Pathological examination	on If yes, results:					☐ Hemorrha ☐ Infection	ge □	Cervical Laceration Retained Products			
performed? ☐ Yes ■ No						Other (Spe	_	Retained Floducts			
105 - 100							•				
						Did this terminat	ion of pregnan	ncy result in a maternal death?			
						Yes I N	No				
		Тур	e of Termin	Termination Procedures							
Procedure that Termina  Medical (Nonsurgi						that Terminated I gical) Mifepristo					
Medical (Nonsurgi	ical) Misoprostol			☐ Medical	(Nonsur	gical) Misoprosto	ol				
☐ Medical (Nonsurgi	ical) Other (Specify)			☐ Medical	(Nonsur	gical) Other (Spe	cify)				
For Medical (Nonsurgi	cal) procedures, answer t	he following question		For Medical (	Noneura	ical) procedures, a	answer the foll	owing question			
Check the box indication	ng the following items v	vere completed		Check the bo	x indica	ting the following	g items were c	ompleted			
	s instructions provided to the patient agreement	the patient		=		r's instructions pr ed the patient agre		patient			
Medical (Surgical)	Suction Curettage			☐ Medical	(Surgica	l) Suction Curett	age				
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical)	procedures, answer the 1	ollowing question.		For Medical (	Surgical	) procedures, ans	wer the follow	ing question.			
	r have a post fertilization	age at least 20 weeks?		Was the fet	tus viable	e or have a post fe		at least 20 weeks?			
Yes If the previous question		plete the following questi	ons.	☐ Y If the previou		No on was answered y	yes, complete t	the following questions.			
Was the fetus given the	e best opportunity to surv No	ive?		Was the fett	us given Yes	the best opportun	ity to survive?				
What was the basis	for determination tha	the pregnant woman	had a	What was	the has	is for determin	ation that the	pregnant woman had a			
		death or serious impairn			nat requi	red the procedure		h or serious impairment to			
the pregnant woman.				the pregnan	t woman	!					
List the name of the sec	ond doctor present as rea	uired under IC 16-34-2-3(a	1)(3)	List the nam	e of the s	second doctor pre	esent as requir	red under IC 16-34-2-3(a)(3)			
N/A	ond doctor present, as req	uned under to 10 34 2 3(t	(3)	List the nam	e or the .	second doctor pre	zsent, us requi	ed under 10 10 54 2 5(a)(5)			
Date last normal mense	es began <b>04/27/2018</b>	Physic	ian estimate	of gestation (i	n weeks)	Post f	fertilization age	e of the fetus (in weeks)			
How were the gestation	nal age and post fertilizat	ion age determined?		- 11				<del>y</del>			
ULTRASOUND											
Was a waiver of consent	<u>-</u> 1		Was a	waiver of not	ification	obtained?	Yes	■ No			
Is the patient seeking an		ng any of the following?	Abus	sed	☐ Co	perced	Harassed	☐ Trafficked			
Full name of physician DR. CASANDRA CAS	performing termination <b>SHMAN</b>										
Address of physician po	erforming termination (n	umber and street, city, sto	ite, and zip	code)							
8590 GEORGETOWN	N KOAD, INDIANAPO	LIS, IN 46268									
**Date Penorted to	DCS_if Patient under	16 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

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Facility Name and A	IN, 46268	City or	town, of pregna	•			County of	pregnancy MAR	termination				
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educa	tion						
25	_	Yes No	(	07/10/20 <sup>-</sup>	18					elor's Degi	ree		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		known	Not I	y anic or Latino Hispanic or L		☐ Unknown	
Live Births:	N	umber now living	0				Numb	er now o	deceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations 0				Numb	er of inc	luced termi	nations <b>0</b>			
Dates of termination		ot include this termin					I					-	
1						4		5	•	1: 1	6		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexisting cate the abo		iditions of t	the patient that may	
								N/A					
Fetus viable?		If viable, medical	reason for term	ination:									
☐ Yes ■	No									cation(s) of P			
									None Hemorrhag	_		Perforation  Laceration	
Pathological examing performed?	nation	If yes, results:							Infection		Retained	l Products	
*	No								Other (Spec	cify)			
											ncy result i	n a maternal death?	
		<u> </u>						☐ Ye	s 🔳 N	0			
				Туре	of Termi	nation Procedur							
Procedure that Term  Medical (Nons		• •				Additional Pr				•			
Medical (Nons	urgical)	Misoprostol											
☐ Medical (Nons	urgicai)	Otner (Specify)			Medical	(Nonsu	rgicai) (	Iner (Spec	rtfy)				
For Modical (Noney	urai aal) m	raaaduraa anguvar th	a fallowing au	ation		For Medical (	Nongun	aiaal) mr	aaaduwaa a	marryan tha fall	lavvina ava	ation	
For Medical (Nonsu Check the box indic				estion		Check the bo	`	_ , 1			0 1	stion	
The manufacture The patient sign		ructions provided to	the patient						uctions pro atient agree	vided to the	patient		
Medical (Surgi						☐ Medical	(Surgic	al) Suct	ion Curetta	ge			
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi er (Specify)				
	icur) our	or (specify)											
	1)	1.0											
For Medical (Surgion Was the fetus viab		edures, answer the fo e a post fertilization				For Medical ( Was the fe				ver the follow tilization age			
☐ Yes	☐ No	_				☐ Y	es [	No					
		answered yes, comp opportunity to surviv		ng questio	ons.	If the previou  Was the fett	-		-	es, complete by to survive?		ng questions.	
	□No						Yes [		· · · · · · · · · · · · · · · · · · ·	,,			
		determination that procedure to avert of										t woman had a	
the pregnant woman		procedure to avert of	death of serious	s шіранті	ent to	the pregnan			procedure	to avert deal	th or serio	us impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under l	IC 16-34-2-3(a)(3)	
				T =-									
Date last normal me	_	an 16/2018		Physicia	an estimat	e of gestation (i	in weeks	5)	Post fe	rtilization ag	e of the fet 5	tus (in weeks)	
How were the gesta			on age determin	ed?									
ULTRASOUND													
Was a waiver of cons						a waiver of not			ed?	Yes	■ No		
Is the patient seeking			g any of the follo	owing?	☐ Abı	ısed		oerced		Harassed	☐ Tra	fficked	
Full name of physic DR. CASANDRA (	-	-											
Address of physicia	n perforn	ning termination (nu		t, city, stat	te, and zip	code)							
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268										
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	City or	town, of pregna	•			County of	pregnancy MAR	termination	
Patient's age**	Marrie	-d	Date of pregn	nancy term	ination	Educa	tion			1		
23	_	a Yes ■ No		07/10/20					Some Co	ollege, No I	Degree	
Race American India Native Hawaiian			☐ Asian ■ White	☐ Blac		an American	☐ Un	known		y anic or Latin Hispanic or I		Unknown
Live Births:	N	umber now living	0				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	luced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)						
1	2	L	3			4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of t	the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	nination:					Compli	cation(s) of F	Pregnancy 7	Termination
	110							•	None		] Uterine I	Perforation
D. J.		10							Hemorrhag	je 🗆	] Cervical	Laceration
Pathological examination performed?	nation	If yes, results:							Infection		] Retained	l Products
☐ Yes ■	No								Other (Spec	cify)		
											ncy result i	n a maternal death?
		<u> </u>						☐ Ye	s 🔳 N	υ		
				Туре	of Termi	nation Procedur						
Procedure that Term						Additional Pr						
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprosto			
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)		
		rocedures, answer the e following items we		estion		For Medical ( Check the bo						stion
☐ The manufactur	rer's instr	ructions provided to	-			☐ The man	ufacture	er's instr	uctions pro	vided to the	•	
The patient sign									atient agree			
Medical (Surgi		tion Curettage							ion Curetta strual Aspi			
Medical (Surgi									er (Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questic	on.		For Medical (	(Surgica	ıl) proce	dures, answ	ver the follow	wing questi	on.
Was the fetus viab	le or hav	e a post fertilization				Was the fet	tus viab	le or hav		tilization ag		
	■ No	answered yes, compl	lete the followi	ng anestio	ine	☐ Y  If the previou	es [	_	nswered v	es complete	the followi	ing questions
		opportunity to surviv		ng questro	110.	_	-		-	ty to survive?		ng questions.
□Yes	□No						Yes [			-		
		determination that										t woman had a
the pregnant woman		procedure to avert d	leath or serious	s impairm	ent to	the pregnan			procedure	to avert dea	th or seriou	us impairment to
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent as requi	ired under I	IC 16-34-2-3(a)(3)
N/A	u			(a)		2.5t the half		Jeonu		, uo 10qui	_ ca ander I	
Date last normal me	_			Physicia	ın estimat	e of gestation (i	n weeks	;)	Post fe	rtilization ag		tus (in weeks)
How wore the		03/2018	n aga data	ad?		10					8	
How were the gesta ULTRASOUND	иопат ад	e and post fertilization	ni age uetermin	icu !								
Was a waiver of cons	sent obtain	ned?	; <u> </u>	Jo.	Was	a waiver of not	ification	n obtain	-d?	Yes	■ No	
Is the patient seeking					☐ Abı			oerced	- C	Harassed		fficked
Full name of physic			. ,									
DR. CASANDRA	-	-										
	-	ning termination (num		t, city, stat	e, and zip	code)						
8590 GEORGETO	WIN KO	אט, INDIANAPOLI	13, IN 40268									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination  MARION	
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
23		Yes No	(	07/10/201	18					elor's Degr	ee	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known	■ Not I	/ anic or Latino Hispanic or La		1
Live Births:	N	umber now living	0						leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi	nations <b>0</b>		
Dates of termination	,	ot include this termin	v			*						
1						4		5			6	_
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that m	nay
7		70 : 11						N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination	
									None		Uterine Perforation	
Pathological examir	nation	If yes, results:							Hemorrhag	е 🗆	Cervical Laceration	
performed?	iation	ii yes, iesuits.						_	Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
								Did thi	s terminati		ncy result in a maternal de	eath?
		1		Т-	of T	notion D 1	ros		<u> </u>			
Procedure that Term	ninated D	regnancy		1 ype	oi ieimi	nation Procedur  Additional Pr		that Te	rminated D	regnancy		
☐ Medical (Nons									Mifepriston	•		
Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) l	Misoprosto Other (Spec	[		
iviedicai (Noiisi	urgicar)	Other (Specify)				I Wiedicai	(INOIISU	igicai) (	Julei (Spec	<i>(</i> 1 <i>y</i> )		
For Medical (Nonsu	rgical) p	rocedures answer th	e following que	ection		For Medical (	Noneur	gical) pr	ocedures a	nswer the fall	lowing question	
		e following items we		Stion		Check the bo						
_		ructions provided to	the patient						-	vided to the	patient	
The patient sign  Medical (Surgi									atient agree ion Curetta			
Medical (Surgi	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi			
Medical (Surgi	ical) Oth	er (Specify)				Medical	(Surgic	al) Othe	er (Specify)			
For Medical (Surgio						For Medical (						
	le or have	e a post fertilization	age at least 20 v	weeks?		Was the fet		le or hav ] No	e a post fei	tilization age	e at least 20 weeks?	
	_	answered yes, comp	lete the following	ng questio	ns.	_			nswered y	es, complete t	the following questions.	
	n the best ☐ No	opportunity to surviv	ve?				us given Yes [		opportunit	y to survive?		
	_	J	41									
condition that requ	aired the	determination that procedure to avert of									e pregnant woman had th or serious impairment	
the pregnant woman	n?					the pregnan	t womaı	n?				
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)	)(3)
Date last normal me	enses hea	an		Physicia	ın estimat	e of gestation (i	n wook	5)	Poet fa	rtilization age	e of the fetus (in weeks)	
Date last normal file	-	25/2018		1 11 9 31 010	comma	6	WEERS	•/	1 031 10	zacion agi	<b>4</b>	
How were the gesta	tional age	e and post fertilization	on age determin	ed?								
ULTRASOUND												
Was a waiver of cons						a waiver of not			ed?	Yes	No Transfer day	
Is the patient seeking			any of the follo	wing?	☐ Abı	ised		coerced	L	Harassed	Trafficked	
Full name of physic DR. CASANDRA C	_											
Address of physicia	-	-		t, city, stat	e, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268									
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	N, 46268	City or t	town, of p	-	ncy terr			County of 1	pregnancy termination MARION
Patient's age** 20	Marrie	ed Yes No	Date of pregna	ancy term 07/10/20		I	Educat	ion	ŀ	ligh Scho	ool Diploma	or GED
Race American Indian			Asian	Blac	k or Afric	an Americ					anic or Latino	
Native Hawaiian		r Pacific Islander umber now living	■ White	Othe					known er now o	Not leceased	Hispanic or L	atino Unknown
Other Termination	Ne. N	umber of spontaneou	as terminations					Numb	er of inc	uced termi		
Dates of termination	15.	•	0	an six (6	), those me	ost recent.	.)				0	
1	2	l	3			4			5			6
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:						y preexisting cate the about	-	nditions of the patient that may
									N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:						Compli	cation(s) of P	Pregnancy Termination
										None		Uterine Perforation
Pathological examin	nation	If yes, results:							_	Hemorrhag		Cervical Laceration Retained Products
performed?									_	Infection Other (Spec	∟ cifv)	Retained Floducts
i i es	INO								_	(1	- 307	
									Did thi	s terminati	on of pregnai	ncy result in a maternal death?
									☐ Ye			
				Туре	e of Termi	nation Pro	ocedur	es				
Procedure that Term		•								minated P		
Medical (Nonsi	urgical)	Misoprostol				☐ Me	dical (	Nonsu	rgical) l	Mifepristor Misoprosto	l	
☐ Medical (Nonsi	urgical)	Other (Specify)				📙 Ме	edical (	(Nonsu	rgical) (	Other (Spec	cify)	
For Medical (Nonsu	raical) n	rocedures answer th	a following qua	etion		For Ma	dical ()	Moneur	gical) pr	ocaduras a	newar tha foll	lowing question
Check the box indic				Stion		Check t	he box	x indica	ating the	following	items were c	completed
<ul><li>The manufactur</li><li>The patient sign</li></ul>		ructions provided to tient agreement	the patient							uctions pro atient agree	ovided to the	patient
☐ Medical (Surgion	cal) Suc	tion Curettage				☐ Me	dical (	(Surgica	al) Suct	ion Curetta	ige	
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)								strual Aspi r ( <i>Specify</i> )		
For Medical (Surgic	al) proce	edures, answer the fo	llowing question	n.		For Med	dical (	Surgica	ıl) proce	dures, ansv	ver the follow	ving question.
		e a post fertilization	age at least 20 v	veeks?			the feti	us viab	le or hav			e at least 20 weeks?
Yes If the previous quest	☐ No tion was	answered yes, comp	lete the following	g questic	ons.	If the pr	Ye evious	_	] No on was a	inswered y	es, complete	the following questions.
Was the fetus given  ☐ Yes [		opportunity to survi	ve?			Was tl	he fetu	s given es [	the best No	opportunit	ty to survive?	
What was the ba	sis for	determination that	the pregnant	woman 1	had a	What	was	the ba	sis for	determina	tion that the	e pregnant woman had a
	ired the	procedure to avert of				condit	tion th		ired the			th or serious impairment to
1 2						the pro	ognam	Wollian				
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a	)(3)	List the	e name	of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
										•		
Date last normal me	_	an KNOWN		Physicia	an estimat	e of gestat	tion (ir	n weeks	-	Post fe	ertilization ag	ge of the fetus (in weeks)
How were the gestar	_	-	on age determine	ed?								<u> </u>
ULTRASOUND												
Was a waiver of cons						a waiver	of noti				Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abu	ised		□ C	oerced	L	Harassed	☐ Trafficked
Full name of physic DR. CASANDRA C	_	-										
Address of physicia	-	-		city, sta	te, and zip	code)						
8590 GEORGETO	WIN KO	AD, INDIANAPOL	13, IN 40268									
**Date Reported	to DCS	, if Patient under	16 (month, day	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination MARION
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educa	tion				
19		Yes No	(	07/10/201	18				,	ollege, No D	)egree
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ White	■ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	0				Numb	er now o	leceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	luced termi	nations <b>0</b>	
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6,	), those m	ost recent.)					
1	2	1				4		5			6
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					y preexistin cate the abo	-	nditions of the patient that may
T			0 .					N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:				-	Compli	cation(s) of P	regnancy Termination
	110								None		Uterine Perforation
D 4 1 1 1 1 1		TC I							Hemorrhag	ge 🔲	Cervical Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products
-	No								Other (Spec	cify)	
								Did thi	s terminati		ncy result in a maternal death?
								☐ Ye	s 🔳 N	0	
				Туре	of Termi	nation Procedu	es				
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated Pr	regnancy	
Medical (Nons									Mifepriston		
Medical (Nonsi									Misoprosto Other (Spec		
For Medical (Nonsu	ırgical) nı	rocedures, answer the	e following and	estion		For Medical (	Nonsur	gical) pro	ocedures a	nswer the foll	lowing question
		e following items we		,500		Check the bo	x indica	ating the	following	items were c	completed
_		ructions provided to	the patient						-	vided to the	patient
The patient sign  Medical (Surgi									atient agree ion Curetta		
Medical (Surgi	ical) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration	
☐ Medical (Surgi	ical) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)		
For Medical (Surgic	cal) proce	edures, answer the fo	llowing questic	n.		For Medical (	Surgica	ıl) proce	dures, answ	ver the follow	ving question.
		e a post fertilization					us viab	le or hav			e at least 20 weeks?
	■ No	anguard was same	lata tha fallawii	na avaatia		If the provious		] No	marrianad ri	aa aammilata t	the following questions.
		answered yes, complete opportunity to surviv		ng questio	IIS.	1	•		•	ty to survive?	• •
	□No	11 3					es [		оррогини	iy to survive.	
What was the ba	sis for	determination that	the pregnant	woman h	nad a	What was	the ba	sis for	determinat	tion that the	e pregnant woman had a
the pregnant woman		procedure to avert of	leath or serious	s impairme	ent to	condition th	nat requ	ired the			th or serious impairment to
prognant woman						the pregnan	womal	1!			
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	enges bas	an		Physicia	n ectimat	e of gestation (i	n wool-	,)	Doct fo	ertilization ac	ge of the fetus (in weeks)
Date last normal file	-	23/2018		1 mysicia	ui vətillidl	11	n weeks	'/	1 081 10	aunzauon ag	9
How were the gesta	tional age	e and post fertilization	on age determin	ed?							
ULTRASOUND											
Was a waiver of cons	sent obtain	ned? Yes	: • N	No	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abu	ısed	☐ C	oerced		Harassed	☐ Trafficked
Full name of physic	_	-									
DR. CASANDRA C			mbor as I	t aits etc	a an I -:	code)					
8590 GEORGETO	-	ning termination (number   AD, INDIANAPOL		ı, city, stat	е, ипа zīp	coue)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 8	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	own, of pre	gnancy to		l	County of p	pregnancy termination MARION
Patient's age** 38	Marrie	ed Yes No	Date of pregn	ancy term 07/10/20		Ed	ucation	ı	ligh Scho	ool Diploma	or GED
Race American Indian			Asian	Blac	ck or Afric	an America				anic or Latino	
Native Hawaiiar Live Births:		umber now living	White	Othe	er			Inknown nber now		Hispanic or L	atino Unknown
Other Termination	ns:	umber of spontaneou	as terminations				Nur	nber of inc	duced termi	inations 1	
Dates of termination		ot include this termin	ation. If more th			ost recent.) <sub>4.</sub> UNKNO	WN		IINKNOW		
Fetus delivered alive		If yes, length of ti				4. UNKNO	VVIN	_	UNKNOW by preexisting		oditions of the patient that may
☐ Yes ■	No	<i>y</i> , <i>c</i>						compl	icate the abo	ortion	
Fetus viable?		If viable, medical	reason for term	ination:				N/A			
Yes •	No	ii viuote, incurcui	reason for term	mation.					•	cation(s) of P	regnancy Termination
									None Hemorrhag	ge 🔲	Uterine Perforation Cervical Laceration
Pathological examin performed?	nation	If yes, results:							Infection	·c.)	Retained Products
☐ Yes ■	No								Other (Spe	сіƒу)	
								Did th	is terminati	on of pregnar	ncy result in a maternal death?
								☐ Ye	es 🔳 N	0	
Procedure that Term	ninated D	regnancy		Туре	e of Termin	Additiona		ire that Te	rminated P	regnancy	
Medical (Nonsi	urgical)	Mifepristone				☐ Medi	ical (Non	surgical)	Mifepriston	ne	
Medical (Nonsi									Misoprosto Other ( <i>Spec</i>		
For Medical (Nonsu Check the box indic				stion						nswer the foll items were c	lowing question completed
The manufactur The patient sign		ructions provided to tient agreement	the patient						uctions pro atient agree	ovided to the period	patient
☐ Medical (Surgio	cal) Suc					■ Medi	ical (Surg	ical) Suct	tion Curetta estrual Aspi	ige	
Medical (Surgio						☐ Medi	ical (Surg	ical) Oth	er (Specify)	паноп	
For Medical (Surgic		edures, answer the fo e a post fertilization	• 1								ving question. e at least 20 weeks?
☐ Yes	☐ No						Yes	■ No			
	the best	opportunity to surviv		ig questic	ons.	Was the	fetus giv	en the bes	•	ty to survive?	the following questions.
☐Yes [	_	ta di alian	4	,	1 . 1 .		Yes				
	ired the	determination that procedure to avert of				condition		quired the			e pregnant woman had a th or serious impairment to
						the preg	nant won	1411:			
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the r	name of the	ne second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	-	an <b>25/2018</b>		Physicia	an estimate	e of gestatio	on (in wee	eks)	Post fe	ertilization ag	e of the fetus (in weeks)
How were the gestar			on age determin	ed?		7					5
ULTRASOUND											
Was a waiver of cons Is the patient seeking					Was	a waiver of		ion obtain Coerced		☐ Yes ☐ Harassed	■ No  Trafficked
Full name of physic	ian perfo	rming termination	, , , , , , , , , , , , , , , , , , , ,	<i>3</i> .							
Address of physicia			mber and street	, city, sta	te, and zip	code)					
8590 GEORGETO	-	-			~7						
**Date Reported	to DCS	, if Patient under	16 (month, dav.	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination  MARION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion				
22		Yes No	(	07/10/20 <sup>-</sup>	18				,	ollege, No D	)egree
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	■ Not I	/ anic or Latino Hispanic or La	
Live Births:	N	umber now living	0				Numb	er now o	leceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	luced termi	nations <b>0</b>	
Dates of termination	ns (Do no	ot include this termin	ation. If more th	han six (6	), those m	ost recent.)					
1	2	·				4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
F ( 110		76 : 11 I: 1	<u> </u>					N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Complic	cation(s) of P	regnancy Termination
									None		Uterine Perforation
Data to the state of		TC I							Hemorrhag	e 🗆	Cervical Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products
☐ Yes ■	No								Other (Spec	cify)	
											ncy result in a maternal death?
								☐ Ye	s 🔳 N	0	
				Туре	of Termi	nation Procedu	es				
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated Pr	regnancy	
Medical (Nons									Mifepriston		
Medical (Nonsi									Misoprostol Other (Spec		
For Medical (Nonsu	roical) n	rocedures answer th	e following ane	estion		For Medical (	Nonsur	gical) nr	ocedures a	nswer the foll	lowing question
		e following items we		otion		Check the bo					
		uctions provided to	the patient						_	vided to the	patient
The patient sign  Medical (Surgi									atient agree		
		nstrual Aspiration				☐ Medical	(Surgic	al) Men	ion Curetta strual Aspi		
☐ Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)		
For Medical (Surgic	cal) proce	dures, answer the fo	llowing questio	n.		For Medical (	Surgica	al) proce	dures answ	er the follow	ving question.
, -		e a post fertilization	• 1				-				e at least 20 weeks?
	□ No					□ Y		No		1.4.4	41 6 11
		answered yes, comportunity to surviv		ng questio	ns.	_	-		-	es, complete t y to survive?	the following questions.
	□ No	opportunity to survi					is given les [		оррогини	y to survive?	
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the ha	sis for	determinat	ion that the	e pregnant woman had a
condition that requ	ired the	procedure to avert of				condition th	nat requ	ired the			th or serious impairment to
the pregnant woman	n?					the pregnan	t womai	1?			
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
				Di :		<u> </u>				.ar .a	0.1 0
Date last normal me	-	an <b>29/2018</b>		Physicia	ın estimat	e of gestation (i	n weeks	i)	Post fe	rtilization age	ge of the fetus (in weeks)
How were the gesta			on age determin	ed?							<del>-</del>
ULTRASOUND		•									
Was a waiver of cons	sent obtain	ned?	s 🔳 N	lo	Was	a waiver of not	ificatio	n obtaine	ed?	☐ Yes	■ No
Is the patient seeking	an aborti				☐ Abı		_	oerced		Harassed	☐ Trafficked
Full name of physic	ian perfo	rming termination									
DR. CASANDRA C	CASHMA	AN									
Address of physicia 8590 GEORGETO	-	-		t, city, stat	e, and zip	code)					
5550 GEORGETO	TVIN RU	אט, וואטואוארUL	IJ, IN 40200								
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of		y termination RION
Patient's age**	Marrie	:d	Date of pregn	nancy term	ination	Educa	tion			•		
42	_	Yes No	ı	07/10/20 <sup>-</sup>	18					Unknown		
Race American India Native Hawaiia	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American		known	Not I	y anic or Latin Hispanic or I		Unknown
Live Births:	N	umber now living	4						deceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numb	er of inc	luced termi	nations <b>2</b>		
Dates of termination  1. UNKNOWN		t include this termin	ation. If more t			ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of	f the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	nination:					Compli	cation(s) of F	regnancy	Termination
	110								None		Uterine	e Perforation
Pathological examin	nation	If yes, results:							Hemorrhag	ge 🗀	•	al Laceration
performed?		ii yes, resuits.							Infection	:6.)	Retaine	ed Products
☐ Yes ■	No								Other (Spec	cify)		
												<del> </del>
								Did thi			acy result	t in a maternal death?
				Туре	of Termi	nation Procedu	res					
Procedure that Tern	ninated P	regnancy				Additional Pr		that Te	rminated P	regnancy		
Medical (Nons									Mifepriston			
☐ Medical (Nons ☐ Medical (Nons									Misoprosto Other (Spec			
For Medical (Nonsu				estion		For Medical (	`	_ , 1			<b>C</b> 1	
Check the box indic	-	e following items we ructions provided to	_			Check the bo		_	_	items were ovided to the	-	i
The patient sign			the patient						atient agree			
Medical (Surgi		tion Curettage istrual Aspiration							ion Curetta strual Aspi			
Medical (Surgi									siruai Aspi er ( <i>Specify</i> )			
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proce	dures answ	ver the follow	ving ques	
Was the fetus viab	le or hav	e a post fertilization				Was the fet	tus viab	le or hav		rtilization age		
Yes If the previous ques	■ No stion was	answered ves. comp	lete the followi	ng auestic	ons.		es □	_	answered v	es. complete	the folloy	wing questions.
Was the fetus giver	n the best	opportunity to survi		6 4		Was the fett	us give <u>r</u>	the bes	-	ty to survive?		4
∏Yes	□No					L	Yes L	No				
		determination that procedure to avert										nt woman had a ous impairment to
the pregnant woman		r		· ·		the pregnan			procedure	to avert dea	in or sen	ous impairment to
	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under	r IC 16-34-2-3(a)(3)
N/A	1			l nı ···				- \	D . C			Setum (in a 1 )
Date last normal me	_	an <b>27/2018</b>		rnysicia	ııı estimat	e of gestation (i	ın weeks	<i>)</i>	Post fe	aunzation ag	ge of the f	etus (in weeks)
How were the gesta	tional ag	e and post fertilization	on age determin	ied?					Į.			
ULTRASOUND												
Was a waiver of cons						a waiver of not			ed?	Yes	■ No	
Is the patient seeking			g any of the follo	owing?	∐ Abı	used		coerced		Harassed	Tı	rafficked
Full name of physic DR. CASANDRA (	-	-										
Address of physicia	-	=		t, city, stai	te, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	i5, iN 46268									
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16:34-2

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of 1	pregnancy t	
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educa	tion			-		
20	_	Yes No		07/10/20 <sup>-</sup>	18					ociate Degr	ee	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		known	Not I	y anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	0				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of inc	luced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)						
1		2				4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo		nditions of th	ne patient that may
D			0 .					N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy T	ermination
									None		Uterine P	'erforation
Pathological avamir	nation	If yes, results:							Hemorrhag	je 🗆		Laceration
Pathological examination performed?	nation	ii yes, resuits:							Infection		Retained	Products
☐ Yes ■	No								Other (Spec	cify)		
								Did thi			ncy result in	a maternal death?
								LLI YE	es 🔳 N	U		
D 1				Туре	of Termi	nation Procedu		4 :=				
Procedure that Term						Additional Pr			rminated Pi Mifepriston	•		
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) l	Misoprosto	l		
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)		
For Medical (Nonsu	ırgical) pı	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the following	lowing ques	stion
	_	e following items we	_			Check the bo		_	_		-	
The manufacture The patient sign		ructions provided to tient agreement	the patient						uctions pro atient agree	wided to the ment	patient	
☐ Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi er (Specify)			
_	,	1 337						,	(1 33)			
												· · · · · · · · · · · · · · · · · · ·
		edures, answer the for e a post fertilization				For Medical (				ver the follow rtilization age	- 1	
☐ Yes	☐ No	-					es [		e a post ici	tilization age	at icast 20	weeks!
		answered yes, comp		ng questio	ns.	If the previou	-		-	-		ng questions.
	∏No	opportunity to surviv	ve:				us giver Yes [		t opportunit	ty to survive?		
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the ha	isis for	determinat	tion that the	e pregnant	woman had a
condition that requ	aired the	procedure to avert of				condition tl	hat requ	ired the				is impairment to
the pregnant woman	n?					the pregnan	t woma	n?				
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under I	C 16-34-2-3(a)(3)
Date last normal me	enses heo	an		Physicis	an estimat	e of gestation (i	in week	5)	Post fe	rtilization ao	e of the feti	ıs (in weeks)
s mor normar inc	_	22/2018		- 11,51010	201111111	6	·cm	,	1 050 10	unon ug	4	()
_	tional ag	e and post fertilization	on age determin	ed?								
ULTRASOUND												
Was a waiver of cons						a waiver of not			ed?	Yes	■ No	Y 1 1
Is the patient seeking			any or the follo	wing!	∐ Abı	isea		Coerced	L	Harassed	⊔ Irat	ficked
Full name of physic DR. CASANDRA (	-	-										
Address of physicia	n perforn	ning termination (nu		t, city, stat	te, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address	590 GEORGETOWN ROA	•			town, of pregna	ncy ter	mination		County of p	oregnancy mari	
Patient's age**	Marrie	ed .	Date of pregna	ncy term	ination	Educa	tion					
31		■ Yes □ No	0	7/10/20 <sup>-</sup>	18			Н		ol Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ White	☐ Blac   Othe		an American	☐ Un	ıknown		y anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	3				Numl	per now d	eceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations				Numl	per of indu	uced termi	nations 1		
Dates of termination  1. 2014		ot include this terming 2007	nation. If more th	an six (6	), those m	ost recent.)		5.		<u> </u>	6.	
Fetus delivered aliv		If yes, length of ti	ime fetus survive	d:					preexisting preexi		ditions of t	he patient that may
F (		16 : 11 1: 1	C					N/A				
Fetus viable?  Yes	No	If viable, medical	reason for termi	nation:				-	Complia	cation(s) of P	regnancy T	Cermination
								_	None	_		Perforation
Pathological examin	nation	If yes, results:							Hemorrhag n faction	je ∐		Laceration Products
performed?	NI-								nfection Other (Spec	_	Retailled	Floducts
☐ Yes ■	NO								(~ <i>p</i> · ·	-957		
								Did this			ncy result in	n a maternal death?
				Type	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy		71		Additional Pr		e that Teri	minated P	regnancy		
Medical (Nons									lifepriston			
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>									lisoprosto ther (Spec			
For Medical (Nonsu	ırgical) pı	rocedures, answer th	ne following ques	stion		For Medical (	Nonsur	gical) pro	cedures, a	nswer the foll	owing que	stion
	_	e following items we	-			Check the bo		-			-	
The manufacture The patient sign		ructions provided to tient agreement	the patient						ictions pro tient agree	wided to the ment	patient	
☐ Medical (Surgi	ical) Suc	tion Curettage				☐ Medical						
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)				☐ Medical ☐ Medical	(Surgic	cal) Mens	strual Aspi ( <i>Specify</i> )	ration		
		( <i>-F 3y</i> )					(~ 8	,	(~F55)			
For Medical (Surgio		edures, answer the fo e a post fertilization				For Medical				ver the follow rtilization age		
☐ Yes	☐ No	•				☐ Y	es [	No	_			
		answered yes, comp opportunity to survi		g questio	ns.	If the previou	•		•			ng questions.
	∏No	opportunity to survi	.ve:				us givei Yes [		opportunit	y to survive?		
What was the ba	sis for	determination that	the pregnant v	voman l	nad a	What was	the ba	asis for o	determinat	tion that the	e pregnant	woman had a
condition that requ		procedure to avert	death or serious	impairm	ent to	condition the	hat requ	uired the p				us impairment to
the pregnant woman						the pregnan	ı woma	n?				
List the name of the	second d	octor present, as requ	iired under IC 16-	34-2-3(a)	(3)	List the nam	e of the	second d	loctor pres	sent, as requir	red under I	C 16-34-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	ın estimat	e of gestation (i	in week.	s)	Post fe	rtilization ag	e of the fet	us (in weeks)
П		25/2018		10		6					4	
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	d?	Yes	■ No	
Is the patient seeking			g any of the follow	ving?	☐ Abı	ısed		Coerced		Harassed	☐ Trai	fficked
Full name of physic DR. CASANDRA (	_											
Address of physicia	n perforn	ming termination (nu		city, stat	e, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	.IS, IN 46268									
**Date Reported	to DCS	, if Patient under	16 (month, day,	 year): _								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of pre	gnancy ter			County of p	oregnancy termination MARION
Patient's age** 23	Marrie	ed Yes No	Date of pregn	ancy term 07/11/20		Ed	ucation		Some Co	ollege, No D	Degree
Race American Indian Native Hawaiian			Asian			an America	n 🗆 II.	.1		anic or Latino	
Live Births:		umber now living	☐ White 0	■ Othe	er			nknown ber now d		Hispanic or L  0	atino Unknown
Other Termination	ns: N	umber of spontaneou					Numl	ber of ind	uced termi		
Dates of termination	ns (Do no	ot include this termin	•	han six (6	), those mo	ost recent.)	l				
Fetus delivered aliv		If yes, length of ti	me fetus survivo	ed:		4			y preexistin	-	aditions of the patient that may
								N/A			
Fetus viable?  ☐ Yes ■	No	If viable, medical	reason for term	ination:					None		regnancy Termination Uterine Perforation
Pathological examir performed?		If yes, results:							Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products
								Did thi ☐ Ye			ncy result in a maternal death?
				Туре	e of Termi	nation Proce	edures				_
Procedure that Term									minated P		
Medical (Nons     Medical (Nons     Medical (Nons	urgical)	Misoprostol				☐ Medi	cal (Nonsı	ırgical) N	Aifepriston Aisoprosto Other (Spec	l	
Check the box indic  The manufactur The patient sign Medical (Surgi Medical (Surgi	eating the rer's instructed the pa cal) Suc cal) Mer	tion Curettage	ere completed	estion		Check the	e box indic nanufactur natient sign cal (Surgio cal (Surgio	eating the rer's instru- ned the pa- cal) Suctional	following actions pro- atient agree on Curetta strual Aspi	items were covided to the ement age ration	*
☐ Medical (Surgi	,								r (Specify)		
Was the fetus viab ☐ Yes	le or hav ☐ No	edures, answer the fo	age at least 20 v	weeks?		Was the	fetus vial Yes [	ole or hav	e a post fer	rtilization age	ring question. e at least 20 weeks?
	the best	answered yes, compoportunity to surviv		ig questic	ons.	Was the	•	n the best		ty to survive?	the following questions.
	iired the	determination that procedure to avert of				conditio		uired the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	)(3)	List the n	ame of the	e second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an 15/2018		Physicia	an estimate	e of gestatio	n (in week	s)	Post fe	ertilization ag	e of the fetus (in weeks)  6
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?							
Was a waiver of cons						a waiver of				Yes	■ No
Is the patient seeking Full name of physic			; any or the 10110	wing:	☐ Abu	iseu		Coerced		Harassed	☐ Trafficked
DR. CASANDRA C	CASHM	AN				1 - \					
8590 GEORGETO	-	ning termination (nu. AD, INDIANAPOL		, cuy, stat	.е, ина zip 	Loue)					
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 8	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	own, of preg	gnancy ter ANAPOL			County of I	oregnancy termination  MARION
Patient's age** 23	Marrie	ed Yes No	Date of pregna	ancy term 07/11/20		Edu	ication	s	ome Co	ollege, No D	)egree
Race American Indian			☐ Asian	Blac	k or Afric	an American	l			anic or Latino	
☐ Native Hawaiian		umber now living	White	Othe	er			nknown ber now dec		Hispanic or L	atino Unknown
Other Termination	ns: N	umber of spontaneou	us terminations				Numl	ber of induc	ed termi		
Dates of termination		ot include this termin	ation. If more th	an six (6	), those me	ost recent.)				0	
1. <b>2017</b>	2		3	1		4		5		a madical car	oditions of the patient that may
Fetus delivered alive		If yes, length of ti	me ieius survivo	ea:				complicat		-	iditions of the patient that may
								N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination
								■ No			Uterine Perforation
Pathological examin	nation	If yes, results:							morrhag ection	e 📙	Cervical Laceration Retained Products
performed?	No								her (Spec	_	
								Did this to	ermination N		ncy result in a maternal death?
				Туре	e of Termi	nation Proce	dures				
Procedure that Term	ninated P	regnancy		JI.				e that Term	inated Pi	regnancy	
<ul><li>Medical (Nons)</li><li>Medical (Nons)</li></ul>								urgical) Mit urgical) Mis			
Medical (Nonsi								irgical) Oth			
For Medical (Nonsu Check the box indic				stion						nswer the foll items were c	lowing question completed
The manufactur The patient sign		ructions provided to	the patient					er's instruct ned the patie	_	vided to the	patient
☐ Medical (Surgi	cal) Suc	tion Curettage				☐ Medic	al (Surgio	cal) Suction	Curetta	ge	
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)						cal) Menstr cal) Other (		ration	
For Medical (Surgic	al) proce	edures, answer the fo	llowing question	n.							ving question.
	le or hav □ No	e a post fertilization	age at least 20 v	veeks?				ole or have a	n post fer	tilization age	e at least 20 weeks?
If the previous quest	tion was	answered yes, comp opportunity to surviv		ng questic	ons.	•	•		•		the following questions.
Yes [		opportunity to survi	ve?			Was the	etus giver Yes [	n the best of No	oportunit	y to survive?	
		determination that procedure to avert									e pregnant woman had a
the pregnant woman		procedure to avert	icatii or scrious	шранш	ciit to		n that requant		ocedure	to avert deat	th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the na	ame of the	e second do	ctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	-	an (21/2018		Physicia	an estimate	e of gestation	ı (in week	(s)	Post fe	rtilization ag	e of the fetus (in weeks)
How were the gestar			on age determine	ed?		7					5
ULTRASOUND											
Was a waiver of cons Is the patient seeking					Was	a waiver of i		on obtained?		Yes Harassed	■ No  Trafficked
Full name of physic			,, 01 and 10110		Aut					110100000	Патокой
DR. CASANDRA C	CASHM	AN		•							
Address of physician 8590 GEORGETO	-	-		, city, stai	ie, and zip	coae)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of	-	acy termination  ARION
Patient's age**	Marrie		Date of pregn	•		Educa	tion					
Race		Yes No		07/11/20 <sup>-</sup>	18				Ethnicity	ollege, No I	Degree	
☐ American Indian☐ Native Hawaiian☐	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	☐ Un	known		anic or Latin Hispanic or I		Unknown
Live Births:	N	umber now living	1				Numb	er now d	eceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations <b>0</b>				Numb	er of ind	uced termi	nations 1		
Dates of termination  1. UNKNOWN	ns (Do no	t include this termin	nation. If more t	han six (6	), those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					preexisting preexi		nditions	of the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:					Compli	cation(s) of F	regnano	cy Termination
									None	_		ne Perforation
Pathological examin	nation	If yes, results:							Hemorrhag nfection	e _	•	ical Laceration ned Products
performed? ☐ Yes ■	No								Other (Spec			
								Did this			ncy resu	ılt in a maternal death?
				Туре	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedur	e that Ter	minated P	regnancy		
☐ Medical (Nonst									lifepriston lisoprosto			
Medical (Nonsi									Other (Spec			
For Medical (Nonsu	rgical) pr	ocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pro	cedures, a	nswer the fol	lowing	question
Check the box indic	_	_	_			Check the bo		_	_	items were o	_	
The manufacture  The patient sign			the patient						tient agree		patient	
■ Medical (Surgion Med		tion Curettage istrual Aspiration				☐ Medical			on Curetta strual Aspi			
Medical (Surgio						Medical	(Surgic	al) Other	r (Specify)	ration		
For Medical (Surgic			• .			For Medical (	_					
	le or have No	e a post fertilization	age at least 20	weeks'?			tus viab es [		e a post fei	tilization ag	e at leas	t 20 weeks?
If the previous quest		answered yes, comp opportunity to survi		ng questio	ns.	_	-		-	-		owing questions.
	□ No	opportunity to survi	VCI				Yes [		opportuni	y to survive		
condition that requ	ired the	determination that procedure to avert				condition th	nat requ	ired the				nant woman had a erious impairment to
the pregnant woman	11.					the pregnan	ı woma	n!				
List the name of the <b>N/A</b>	second de	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second o	loctor pres	sent, as requi	red und	ler IC 16-34-2-3(a)(3)
Date last normal me	_	an 17/2018		Physicia	an estimat	e of gestation (i	n week:	s)	Post fe	rtilization ag		fetus (in weeks)
How were the gestar			on age determin	ed?		y					7	
ULTRASOUND												
Was a waiver of cons  Is the patient seeking					Was	a waiver of not		n obtaine Coerced	:d?	Yes Harassed	■ N	No Trafficked
Full name of physic			5 uny 01 une 10110	, wing:	□ AU	45 <b>CU</b>		Joine		110105550		TIGHTOROG
DR. CASANDRA C	CASHMA	AN	umbar and atus	t city at-	to and -i-	(code)						
8590 GEORGETO	-	-		ı, cuy, stat	е, ана гір	coue)						
**Date Reported	to DCS	, if Patient under	16 (month, day	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of pregna				County of p	pregnancy termination MARION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion				
33		☐ Yes ■ No	(	07/11/201	18					ter's Degre	96
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	■ Not I	nnic or Latino Hispanic or L	
Live Births:	N	umber now living	2						leceased	0	
Other Termination	ns: N	umber of spontaneou	us terminations <b>0</b>				Numb	er of ind	luced termi	nations <b>0</b>	
Dates of termination		t include this termin						5			6
Fetus delivered alive	e?	If yes, length of ti				<u>"</u>			y preexistin cate the abo	-	nditions of the patient that may
Fetus viable?		If viable, medical	rangan far tarm	ination:				N/A			
Yes •	No	ii viable, medical	reason for term	illiation.				-	Complia	cation(s) of P	regnancy Termination
Pathological examin performed?		If yes, results:							None Hemorrhag Infection Other (Spec	e 🗆	Uterine Perforation Cervical Laceration Retained Products
								Did thi ☐ Ye			ncy result in a maternal death?
		•		Т	of Torm:	nation Procedur	·ec				
Procedure that Term	ninated P	regnancv		туре	OI ICIIIII	Additional Procedure		that Te	rminated Pr	egnancv	
Medical (Nonsi	urgical)	Mifepristone Misoprostol				☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) N rgical) N	Mifepriston Misoprostol Other (Spec	e	
The patient sign  Medical (Surgion	cating the rer's instr ed the par cal) Succ cal) Mer	e following items we ructions provided to tient agreement tion Curettage astrual Aspiration	ere completed	Check the bo The man The patie Medical Medical	x indica ufacture ent sign (Surgic (Surgic	ating the er's instructed the parally Suctual	following	items were c vided to the p ment ge			
☐ Yes ☐ Yes ☐ If the previous quest Was the fetus given	le or have No tion was	e a post fertilization	age at least 20 v	weeks?	ns.	☐ Y If the previou Was the fett	tus viab es [ s questi	le or have No on was a the best	e a post fer	tilization age	e at least 20 weeks? the following questions.
	ired the	determination that procedure to avert of					nat requ	ired the			e pregnant woman had a th or serious impairment to
List the name of the	second de	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	ent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	-	an <b>15/2018</b>		Physicia	n estimat	e of gestation (i	n weeks	s)	Post fe	rtilization ag	e of the fetus (in weeks)  5
How were the gestar ULTRASOUND	tional age	e and post fertilization	on age determin	ed?							
Was a waiver of cons						a waiver of not			ed?	Yes	No
Is the patient seeking			any of the follo	wing?	☐ Abu	ısed	□ C	oerced		Harassed	☐ Trafficked
Full name of physic DR. CASANDRA C	-										
Address of physicia 8590 GEORGETO	n perforn	ning termination (nu		t, city, stat	e, and zip	code)					
3000 3201(0210		,DIANAI OL	.5, 70200								
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of pregna	•			County of	-	cy termination
Patient's age**	Marrie		Date of pregn	•		Educa	tion					
Race		Yes No		07/11/20 <sup>-</sup>	18				Some Co Ethnicity	ollege, No	Degree	
American India		ka Native r Pacific Islander	☐ Asian ■ White	☐ Blac ☐ Othe		an American	☐ Un	known	☐ Hispa	anic or Latin Hispanic or I		Unknown
Live Births:	N	umber now living	0				Numb	er now d	eceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations <b>0</b>				Numb	per of ind	uced termi	nations 1		
Dates of termination 1. 12/18/2014	ns ( <i>Do no</i>	t include this termin	nation. If more t	han six (6	), those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					preexisting preexi		nditions	of the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:				-	Compli	cation(s) of I	regnanc	cy Termination
Pathological examir performed?		If yes, results:						_ I	None Hemorrhag nfection Other (Spec	ge [	] Cervi	ne Perforation cal Laceration ned Products
											ncy resu	alt in a maternal death?
					6.T. :			☐ Yes	s • N	0		
Procedure that Term	ninated P	regnancy		Туре	of Termi	Additional Pr		e that Ter	minated P	regnancy		
Medical (Nonsi	urgical) l	Mifepristone Misoprostol		☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) N rgical) N	Aifepriston Aisoprosto Other (Spec	ie I				
For Medical (Nonsu Check the box indice The manufacture The patient sign Medical (Surgi Medical	eating the rer's instr ed the pat cal) Suct cal) Mer	e following items we uctions provided to tient agreement tion Curettage astrual Aspiration		☐ The patie	x indicature ufacture ent sign (Surgic (Surgic	er's instrumed the partial) Suctional Mens	following actions pro- tient agree	items were evided to the ement age ration	complete			
☐ Yes  If the previous ques  Was the fetus given	le or have No tion was	e a post fertilization	age at least 20 volete the following	weeks?	ons.	If the previou  Was the fett	tus viab es [ s questi	le or have No ion was a	e a post fer	rtilization ag	e at least	
What was the ba	sis for o	determination that procedure to avert				What was	the ba	sis for aired the				nant woman had a rious impairment to
List the name of the <b>N/A</b>	second de	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second o	doctor pres	sent, as requ	ired und	er IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>08/2018</b>		Physicia	an estimat	e of gestation (i	n weeks	s)	Post fe	ertilization as	ge of the	fetus (in weeks)
How were the gestar ULTRASOUND			on age determin	ed?								
Was a waiver of cons					Was	a waiver of not			:d?	☐ Yes	■ N	
Is the patient seeking			g any of the follo	owing?	☐ Abu	ısed		Coerced		Harassed		Trafficked
Full name of physic DR. CASANDRA C	_											
Address of physicia 8590 GEORGETO	-	-		t, city, stat	te, and zip	code)						
22270210		.,										
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of pregna				County of p	oregnancy termina MARION	ation
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion		-			
35		Yes ■ No	(	07/11/20 <sup>-</sup>	18					elor's Degr	ee	
Race American Indiar Native Hawaiiar	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or L		Jnknown
Live Births:	N	umber now living	1						leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations 1				Numb	er of ind	luced termi	nations <b>0</b>		
Dates of termination  1. <b>10/2011</b>	,	t include this termin		, ,		,		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	ditions of the patie	ent that may
E ( 11.9		TC : 11 1: .1	<u> </u>	**				N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termina	ation
								•	None		Uterine Perfora	tion
Pathological examin	nation	If yes, results:							Hemorrhag	e 🔲	Cervical Lacera	
performed?	iation	ii yes, resuits.						_	Infection		Retained Produ	cts
☐ Yes ■	No							□ '	Other (Spec	cify)		
								Did thi ☐ Ye	s termination		cy result in a ma	ternal death?
		<u> </u>			2=			re	.s <u> </u>			
Dropo June 41 4 T	imat-1P	roamana		Туре	nation Procedu		. +b -+ T	in -4- 1 P	ragma			
Procedure that Term  Medical (Nonsu						Additional Pr			rminated Pi Mifepriston			
Medical (Nonsu	urgical)	Misoprostol				☐ Medical	Nonsu (	rgical) N	Misoprostol	l		
Medical (Nonsu	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)		
For Medical (Nonsu Check the box indic	eating the	following items we	re completed	estion		Check the bo	x indica	ating the	following			
The patient sign									atient agree			
■ Medical (Surgion Med		tion Curettage strual Aspiration							ion Curetta strual Aspi			
Medical (Surgio									er (Specify)			
For Medical (Surgic	al) proce	dures, answer the fo	llowing question	n.		For Medical (	Surgica	al) proce	dures answ	ver the follow	ing question	
		e a post fertilization									at least 20 weeks	s?
	■ No	anguard was same	lata tha fallawi	na augatia		☐ Y		] No	marrianad ri	as aammilata t	ha fallowing ava	vations.
If the previous quest Was the fetus given		opportunity to surviv		ng questio	ns.	1	•			es, complete ty ty to survive?	the following que	SHORS.
	No						Yes [		· · · · · · · · · · · · · · · · · · ·	,,		
	ired the	determination that procedure to avert of					nat requ	ired the			pregnant wom h or serious imp	
List the name of the	second de	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor nres	sent, as requi	red under IC 16-3	34-2-3(a)(3)
N/A		. , 1		(-7)					r	, T		
Date last normal me	_	an <b>02/2018</b>		Physicia	nn estimat	e of gestation (i	n weeks	;)	Post fe	ertilization ag	e of the fetus (in 1	weeks)
How were the gestat	tional age	e and post fertilization	n age determin	ed?					I			
Was a waiver of cons	ent obtair	ned?	. I N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an abortio	on as a result of being			☐ Abı	ised	□ C	oerced		Harassed	☐ Trafficked	
Full name of physics	-	-										
Address of physician	n perforn	ning termination (nu		t, city, stat	e, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

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Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of pregi	nancy ter			County of p	oregnancy termination MARION
Patient's age** 27	Marrie	d Yes No	Date of pregna	ancy term 07/11/20		Educ	ation		Asso	ociate Degre	90
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		nknown	Not I	nic or Latino Hispanic or La	
Live Births:		umber now living	2					ber now de		0	
Other Termination	ıs: N	umber of spontaneo	us terminations 1				Numb	ber of indu	ced termi	nations <b>0</b>	
Dates of termination	is (Do no	ot include this termin	•	nan six (6	), those m	ost recent.)		-			,
Fetus delivered alive		If yes, length of ti	ime fetus survivo	ed:		4		complica	preexisting the the about		ditions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				N/A			
Yes Yabic	No	ii viaole, inedicai	reason for term	mation.				_	one		regnancy Termination  Uterine Perforation
Pathological examin	ation	If yes, results:							emorrhag fection	е <u> </u>	Cervical Laceration Retained Products
performed?	No								ther (Spec	_	1100000
								Did this	termination		ncy result in a maternal death?
		•		Type	e of Termi	nation Proced	ures				
Procedure that Term	ninated P	regnancy		- 1100		Additional		e that Term	ninated Pr	egnancy	
<ul><li>Medical (Nonsu</li><li>Medical (Nonsu</li></ul>								ırgical) Mi ırgical) Mi			
Medical (Nonst								irgical) Ot			
For Medical (Nonsu Check the box indic	ating the		ere completed	stion		Check the b	ox indic	ating the fo	ollowing	nswer the folloitems were co	_
■ The patient sign	ed the pa	tient agreement						ned the pati			
Medical (Surgion Medical (Surgio	cal) Mer	nstrual Aspiration				☐ Medica	l (Surgio	cal) Suction cal) Menstrical) Other	rual Aspi		
	le or hav	edures, answer the for	- 1			Was the	etus viab	ole or have		ver the follow	ing question. at least 20 weeks?
Yes [ If the previous quest	☐ No tion was	answered yes, comp	lete the followir	ng questic	ons.	_	_	☐ No ion was an:	swered ye	es, complete t	the following questions.
Was the fetus given  ☐ Yes [	the best	-				Was the fe	-	n the best o	-	y to survive?	
What was the ba condition that requ the pregnant woman	ired the						that requ	uired the p			pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the na	ne of the	e second do	octor pres	ent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	05/	24/2018			an estimat	e of gestation <b>7</b>	(in week.	s)	Post fe	rtilization age	e of the fetus (in weeks)  5
How were the gestat	tional ag	e and post fertilization	on age determin	ed?							
Was a waiver of cons						a waiver of n				Yes	■ No
Is the patient seeking			g any of the follo	wing?	☐ Abu	ısed		Coerced		Harassed	☐ Trafficked
Full name of physics DR. CASANDRA C	-	-									
Address of physician 8590 GEORGETO	-	-		, city, sta	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna				County of		ey termination
Patient's age**	Marria	.d	Date of pregr	nancy term	ination	Educa	tion			<u> </u>		
26	Marrie	Yes I No		07/11/20 <sup>-</sup>		Educa	ition		Some Co	ollege, No I	Degree	
Race American India Native Hawaiian			☐ Asian ☐ White	☐ Blac ■ Othe		an American	☐ Uni	known		y anic or Latin Hispanic or I		☐ Unknown
Live Births:	N	umber now living	1				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations 1		
Dates of termination	ns (Do no	ot include this termin				ost recent.)				•		
Fetus delivered aliv	2	If yes, length of ti				4		5 List an	v proevictin	a medical co	6	of the patient that may
Yes Yes		if yes, length of th	ine ietus surviv	eu.					cate the abo		nuitions c	T the patient that may
								N/A				
Fetus viable?		If viable, medical	reason for term	nination:					~			
☐ Yes ■	No											y Termination
								_	None Hemorrhag			e Perforation cal Laceration
Pathological examination performed?	nation	If yes, results:							Infection		•	ed Products
*	No								Other (Spec	cify)		
											ncy resul	t in a maternal death?
									s 🔳 N	0		
				Туре	nation Procedur	res						
Procedure that Tern		•				Additional Pr						
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprosto			
Medical (Nons									Other (Spec			
For Medical (Nonsu				estion		For Medical (						
Check the box indic	-	e following items we ructions provided to	-			Check the bo		_	_	items were ovided to the	-	d
☐ The manufacture ☐ The patient sign			the patient						atient agree		patront	
Medical (Surgi									ion Curetta			
Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi er ( <i>Specify</i> )			
For Medical (Surgio	cal) proce	edures answer the fo	llowing questio	n.		For Medical (	(Surgian	I) proce	duras answ	var the fellow	vina aug	ution
		e a post fertilization								rtilization ag		
	■ No		1.4.4.611.				es [	_	1	1.4	41 . C 11	*
		answered yes, comp opportunity to survi-		ng questio	ons.	_	-		-	es, complete ty to survive?		wing questions.
	□No						Yes [		оррогини	ly to survive.	•	
		determination that				What was	the ba	sis for	determinat	tion that th	e pregna	ant woman had a
the pregnant woman		procedure to avert of	death or serious	s impairm	ent to	condition the			procedure	to avert dea	th or ser	ious impairment to
						no prognan	Omal					
List the name -f4	Sagar 1	octor present, as requ	irad under IC 14	5 24 2 24-2	(3)	Liat tha	a of the	secor J	doctor	ent es ===	irad ···- J	er IC 16-34-2-3(a)(3)
N/A	second u	octor present, as requ	ined under ic ic	)-34-2-3(a)	(3)	List the nam	e or the	second	doctor pres	sent, as requi	irea unac	1 IC 10-34-2-3(a)(3)
Date last normal me	_			Physicia	an estimat	e of gestation (i	in weeks	:)	Post fe	ertilization ag	ge of the	fetus (in weeks)
However d		31/2018	on age det	249		10					8	
How were the gesta ULTRASOUND	itionai ag	e and post tertilization	on age determin	iea?								
Was a waiver of cons	sent obtair	ned? \( \sum \) Yes	s 🔳 N	T-	Was	a waiver of not	tification	n obtain	ad?	☐ Yes	■ N	
Is the patient seeking					☐ Abı			oerced	П	Harassed	■ No	o `rafficked
Full name of physic												
DR. CASANDRA	CASHMA	AN										
Address of physicia 8590 GEORGETO	-	=		t, city, stat	te, and zip	code)						
3000 GEORGETO		, INDIANAFUL										
**Date Reported	to DCS	, if Patient under	16 (month, day	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address PPIN-GEORGETOWN OR (PPGI)	SS - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	•			County of p	oregnancy termination  MARION
Patient's age** Ma	rried	Date of pregnancy terr	nination	Educat	tion				
23	☐ Yes ■ No	07/11/20	)18					elor's Degr	ee
Race American Indian or A Native Hawaiian or O	ther Pacific Islander	Asian Bla White Oth		ean American	Unl		■ Not I	/ anic or Latino Hispanic or La	
Live Births:	Number now living	0				er now d		0	
Other Terminations:	Number of spontaneou	us terminations 0			Numb	er of ind	uced termi	nations <b>0</b>	
Dates of terminations (Da		*							
1		3		4	1	5			6
Fetus delivered alive?  ☐ Yes ■ No	If yes, length of the	me fetus survived:					preexisting preexisting preexisting about	-	ditions of the patient that may
						N/A			
Fetus viable?  ☐ Yes ■ No	If viable, medical	reason for termination:					Compli	cation(s) of Pr	regnancy Termination
						■ N	None		Uterine Perforation
Pathological examination	If yes, results:					□ I	Hemorrhag	е 🗆	Cervical Laceration
performed?	ii yes, iesuits.					_	nfection		Retained Products
☐ Yes ■ No							Other (Spec	cify)	
						Did this	s terminati		ncy result in a maternal death?
		т	of Tame	nation Proced	rac .		<u> </u>		
Procedure that Terminate	d Pregnancy	Тур	c or Termi	Additional Procedur		that Ter	minated D	regnancy	
☐ Medical (Nonsurgica							lifepriston	•	
Medical (Nonsurgica Medical (Nonsurgica	al) Misoprostol			☐ Medical	Nonsui	rgical) M	Aisoprosto Other (Spec		
iviedicai (Noiisuigica	ii) Other (specify)			iviedicai	(INOIISUI	igicai) C	ины (зрес	<i>(ly)</i>	
For Medical (Nonsurgical	) procedures, answer th	e following question		For Medical (	Nonsurg	gical) pro	cedures, a	nswer the follo	owing question
Check the box indicating	•	•		Check the box					
☐ The manufacturer's in☐ The patient signed the	•	the patient					tient agree	vided to the property of the p	Jatient
■ Medical (Surgical) S	Suction Curettage			☐ Medical	(Surgica	al) Sucti	on Curetta	ge	
☐ Medical (Surgical) Medical (Surgical) (							strual Aspi r (Specify)	ration	
	(-1 - 33)				( 8	.,	(-r - 35)		
F. M. F. 1/6 D		11							<del></del>
For Medical (Surgical) pr Was the fetus viable or h		• .		For Medical (	-				ang question.  at least 20 weeks?
☐ Yes ■ No	)			☐ Y	es 🗆	No	•		
If the previous question w Was the fetus given the b			ons.	-	-		•		the following questions.
Yes No		ve!			is given Yes $\Box$		opportunit	y to survive?	
What was the basis for	or determination that	the pregnant woman	had a	What was	the bas	sis for (	determina	ion that the	pregnant woman had a
condition that required the pregnant woman?	the procedure to avert of	death or serious impairr	nent to	condition th	nat requ	ired the			h or serious impairment to
are pregnant noman:				the pregnant	i woilian	1:			
Time Co	44-4-		.)/2)	Tind	6 -1		1		-1110.16.24.2.26.72
List the name of the secon <b>N/A</b>	d doctor present, as requi	ired under IC 16-34-2-3(a	1)(3)	List the name	e of the	second c	loctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal menses l	•	Physic	ian estimat	te of gestation (in	n weeks	)	Post fe	rtilization age	e of the fetus (in weeks)
How were the gestational	05/12/2018 age and post fertilization	on age determined?		7					5
ULTRASOUND									
Was a waiver of consent of	otained?	s • No	Was	a waiver of not	ification	n obtaine	d?	Yes	■ No
Is the patient seeking an about	ortion as a result of being	g any of the following?	☐ Ab	used	☐ C	oerced		Harassed	☐ Trafficked
Full name of physician pe	-								
Address of physician perf	Forming termination (nu.		ate, and zip	code)					
8590 GEORGETOWN F	ROAD, INDIANAPOL	IS, IN 46268							
**Date Reported to D	CS, if Patient under	16 (month, day, year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	i90 GEORGETOWN ROAI	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	oregnancy MAR	termination
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
29		☐ Yes ■ No	(	07/11/201	18				,	elor's Degr	ee	
Race American Indiar Native Hawaiiar	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Blac ☐ Othe		an American		known	☐ Not I	/ anic or Latino Hispanic or La		Unknown
Live Births:		umber now living	5					er now o		0		
Other Termination	ns: N	umber of spontaneou	us terminations 1				Numb	er of ind	uced termi	nations <b>1</b>		
Dates of termination		ot include this termina 2017				ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	ditions of	the patient that may
E-tu- si-bl-9		Teriable madical	£	··				N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Complia	cation(s) of P	regnancy [	Termination
								•	None		Uterine	Perforation
Pathological examin	nation	If yes, results:							Hemorrhag	e 🔲		l Laceration
performed?	iation	ii yes, resuits.						_	Infection		Retained	d Products
☐ Yes ■	No							Ц,	Other (Spec	cify)		
								Did thi	s termination		ncy result i	in a maternal death?
		1		<i></i>	CT.				<u> П 11</u>	~		
Procedure that Term	ningtad D	regnancy		Туре	or Termi	nation Procedur  Additional Pr		that To	minated D	egnanov		
Medical (Nonst									Mifepriston	•		
Medical (Nonsu	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) N	//isoprostol	[		
☐ Medical (Nonst	urgicai)	Other ( <i>Specify</i> )				Medical	(INONSU	rgicai) (	Other (Spec	rty)		
	eating the rer's instr	e following items we ructions provided to	ere completed	estion			x indica ufacture	ating the er's instr	following	items were c vided to the J	ompleted	
☐ Medical (Surgio	cal) Suct	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge		
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)							strual Aspi r (Specify)	ration		
Wiedieur (Burgh	cui) oui	i (Specify)					(Burgie	ur) oure	г (вресцу)			
For Medical (Surgic			• .			For Medical (	-					
	le or have	e a post fertilization	age at least 20 v	weeks?		Was the fet		le or hav ] No	e a post fer	tilization age	at least 20	J weeks?
If the previous quest	tion was	answered yes, compl		ng questio	ns.	_			nswered ye	es, complete t	the follow	ing questions.
	the best	opportunity to surviv	ve?				ıs given Yes 🔲		opportunit	y to survive?		
	ired the	determination that procedure to avert c				What was	the ba	sis for ired the				at woman had a pus impairment to
List the name of the	second de	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under	IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>25/2018</b>		Physicia	n estimat	e of gestation (i	n weeks	r)	Post fe	rtilization age	e of the fe	tus (in weeks)
How were the gestat ULTRASOUND	tional age	and post fertilization	on age determin	ed?								
Was a waiver of cons					Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an abortio	on as a result of being	any of the follo	wing?	☐ Abı	ısed	☐ C	oerced		Harassed	☐ Tra	afficked
Full name of physics	_	-										-
Address of physician			mber and street	t, city, stat	e, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	High School Diploma or GED  Ethnicity Hispanic or Latino Number now deceased  Number of induced terminations O  List any preexisting medical conditions of the patient that m							
Patient's age**	Marrie	d	Date of pregn	nancy term	ination	Educa	tion						
32	_	Yes No		07/11/20 <sup>-</sup>				⊦	ligh Scho	ol Diploma	or GED		
Race American India Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American			Hispa	anic or Latin		Unknown	
Live Births:	N	umber now living	1				Numb	er now o	leceased	0			
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	luced termi				
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)							
1	2	•	3			4		5					
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of th	he patient that may	
								N/A					
Fetus viable?  Yes	No	If viable, medical	reason for term	nination:					Compli	cation(s) of P	regnancy T	`ermination	
	110							•	None		Uterine P	Perforation	
D. J.		, , , , , , , , , , , , , , , , , , ,							Hemorrhag	ge 🗆	Cervical	Laceration	
Pathological examination performed?	nation	If yes, results:							Infection		Retained	Products	
☐ Yes ■	No								Other (Spec	cify)			
											ncy result in	n a maternal death?	
		1					ļ	☐ Ye	s 🔳 N	0			
				Type	nation Procedur								
Procedure that Term						Additional Pr							
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprosto				
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)			
For Medical (Nonsu Check the box indic				estion		For Medical ( Check the bo						stion	
	-	uctions provided to	-						_	vided to the	-		
☐ The patient sign	ned the pa	tient agreement				☐ The patie	ent sign	ed the pa	atient agree	ment			
Medical (Surgi		tion Curettage estrual Aspiration							ion Curetta strual Aspi				
Medical (Surgi									er (Specify)				
For Medical (Surgio	cal) proce	dures answer the fo	llowing questic	on .		For Medical (	(Surgica	l) proce	dures answ	ver the follow	wing questic		
		e a post fertilization								rtilization age			
	■ No		1-4- 4b - 6-11:				es [	_		1-4-	41 C-11i		
If the previous ques Was the fetus giver		opportunity to survi		ng questio	ons.	If the previou	-		-	es, complete ty to survive?		ng questions.	
	□No						Yes [		оррогини	ly to survive.			
		determination that										woman had a	
condition that requ the pregnant woman		procedure to avert of	leath or serious	s impairm	ent to		hat requ	ired the				us impairment to	
Tragamin woman						ine pregnan	i woilidi						
T					(2)	T				, .	,	0160400000	
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	54-2-3(a)	(3)	List the name	e of the	second	aoctor pres	sent, as requi	red under I	C 16-34-2-3(a)(3)	
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in weeks	:)	Post fe	ertilization ag	e of the fet	us (in weeks)	
	05/	18/2018				7					5	_	
How were the gesta	tional ag	e and post fertilization	on age determin	ied?									
ULTRASOUND										_			
Was a waiver of cons						a waiver of not			ed?	Yes	■ No	07.1.1	
Is the patient seeking			any of the follo	owing?	∐ Abı	ised	⊔ С	oerced	L	Harassed	Traf	fficked	
Full name of physic DR. CASANDRA (	-	-											
Address of physicia			mber and stree	t, city, stat	e, and zip	code)							
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268										
**Date Reported	to DCS	, if Patient under	6 (month, day	, year):						_	_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address	590 GEORGETOWN ROA	•		•	town, of pregna	ncy ter	mination		County of J		y termination RION
Patient's age**	Marrie		Date of pregr	•		Educa	tion					
Race		Yes No		07/11/20	18			1	Bach Ethnicity	elor's Degr	ee	
American India	n or Othe	er Pacific Islander	☐ Asian ■ White	☐ Blac		an American		nknown	☐ Hispa	y anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	0				Numl	ber now do	eceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations 1				Numl	ber of indu	iced termi	nations <b>0</b>		
Dates of termination  1. 2015	ns ( <i>Do no</i>	ot include this termin	nation. If more t	than six (6	), those m	ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	ime fetus surviv	/ed:					preexisting ate the abo		nditions of	f the patient that may
Eatus viable?		If viable, medical	rangan far tarr	nination:				N/A				
Fetus viable?  Yes	No	ii viable, medical	reason for term	ilnation:				-	Compli	cation(s) of P	regnancy	Termination
								_	Vone	_		Perforation
Pathological examin	nation	If yes, results:						_	Iemorrhag nfection	ge 📙		al Laceration ed Products
performed?	No								ntection Other (Spec	_	Ketaine	d Floducts
☐ Yes ■	NO								(~ <sub>F</sub> · ·	- 357		
								Did this			ncy result	in a maternal death?
			<del></del>	Type	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy				Additional Pr		e that Teri	minated P	regnancy		
Medical (Nons									lifepriston			
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>									lisoprosto ther (Spec			
For Medical (Nonsu	ırgical) pı	rocedures, answer th	ne following que	estion		For Medical (	Nonsui	rgical) pro	cedures, a	nswer the foll	owing qu	estion
	_	e following items we	-			Check the bo		-	_		-	I
The manufacture The patient sign		ructions provided to tient agreement	the patient						ctions pro tient agree	ewided to the	patient	
☐ Medical (Surgi	ical) Suc	tion Curettage				■ Medical						
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)				☐ Medical ☐ Medical	(Surgio	cal) Mens	trual Aspi (Specify)	ration		
		( <i>-P 3y</i> )					(~ 8	,	(~F55)			
												· · · · · · · · · · · · · · · · · · ·
For Medical (Surgio		edures, answer the fo e a post fertilization				For Medical Was the fe				ver the follow rtilization age		
☐ Yes	☐ No	•				☐ Y	es [	■ No				
		answered yes, comp opportunity to survi		ng questio	ns.	-	•			es, complete ty to survive?		ving questions.
	□No	opportunity to survi					Yes [		оррогини	ly to survive?		
		determination that				What was	the ba	asis for o	determinat	tion that the	pregnai	nt woman had a
the pregnant woman		procedure to avert	death or seriou	s impairm	ent to	condition the the pregnan			procedure	to avert deat	h or serie	ous impairment to
p. 18						the pregnan	t woma	11:				
Light the server Col		ootor progest	uirod und IO 1	6 24 2 2C	(2)	Lint the	o cf i	. george 1 1	lootor -	ant as =: .	rad 1	-IC 16 24 2 2(-)(2)
List the name of the	second d	octor present, as requ	iirea under iC 10	5-54-2-5(a)	(3)	N/A	e or the	e secona a	loctor pres	sent, as requi	rea unaer	TIC 16-34-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in week	s)	Post fe	ertilization ag	e of the fe	etus (in weeks)
П		08/2018		10		9					7	
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ned?								
Was a waiver of cons					Was	a waiver of not			d?	☐ Yes	■ No	
Is the patient seeking			g any of the follo	owing'?	☐ Abı	ısed		Coerced		Harassed	☐ Tr	rafficked
Full name of physic DR. CASANDRA (	_	-										
Address of physicia	n perforn	ming termination (nu		t, city, stai	te, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	.IS, IN 46268									
**Date Reported	to DCS	, if Patient under	16 (month, day	, year): _								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16:34-2

DATE RECEIVED BY ISDH (month, day, year): 07/12/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS, I	N, 46268	City or t	town, of p	-	cy tern			County of	pregnancy termination  MARION
Patient's age** 21	Marrie	ed Yes No	Date of pregna	ancy term 07/11/20		I	Educati	on		Some Co	ollege, No I	Degree
Race American India Native Hawaiian	n or Othe	er Pacific Islander	Asian White	■ Blac	k or Afric	an Americ		☐ Unl		■ Not 1	y anic or Latin Hispanic or I	
Live Births:		umber now living	0						er now d		0	
Other Termination	ns: N	umber of spontaneou	us terminations <b>0</b>					Numbe	er of ind	uced termi	inations <b>0</b>	
Dates of termination	ns (Do no	ot include this termin	· ·	an six (6	), those mo	ost recent.	.)					
Fetus delivered aliv		If yes, length of ti	me fetus survive	ed:		4				y preexisting preexisting attempts and the about	-	nditions of the patient that may
									N/A			
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for term	nation:						None		Pregnancy Termination  1 Uterine Perforation
Pathological examin performed?		If yes, results:								Hemorrhagenfection Other (Spec		Cervical Laceration Retained Products
									Did thi ☐ Ye			ncy result in a maternal death?
			Тур	of Termi	nation Pro	cedure	es					
Procedure that Term	ninated P	regnancy				Additio	nal Pro	cedure	that Ter	minated P	regnancy	
Medical (Nons Medical (Nons Medical (Nons	urgical)	Misoprostol				☐ Me	dical (	Nonsur	gical) N	Aifepriston Aisoprosto Other (Spec	l	
Check the box indice.  The manufacture. The patient sign. Medical (Surgi	cating the rer's instructed the pa cal) Suc cal) Mer	tion Curettage	ere completed	stion		Check t  The The Me	he box e manu e patier edical (sedical (	facture facture at signe Surgica Surgica	eting the er's instrued the partial) Suctional) Mens	following	ovided to the ement age	=
Was the fetus viab		edures, answer the fo	- 1				,	ıs viabl				wing question. e at least 20 weeks?
If the previous ques	tion was the best	answered yes, comp opportunity to surviv		g questic	ons.		evious ne fetus	questi	on was a the best	•	es, complete ty to survive	the following questions.
	ired the	determination that procedure to avert of				condit	ion tha		ired the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	0(3)	List the	e name	of the	second	doctor pres	sent, as requi	ired under IC 16-34-2-3(a)(3)
Date last normal me	05/	05/2018			an estimate	e of gestat	tion (in	weeks,	)	Post fe	ertilization ag	ge of the fetus (in weeks)
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons					Was	a waiver	of noti	fication	obtaine	ed?	☐ Yes	■ No
Is the patient seeking			any of the follow	wing?	Abu	ised		☐ Co	oerced		Harassed	☐ Trafficked
Full name of physic DR. CASANDRA C	_	-										
Address of physicia	n perform	ning termination (nu		city, sta	te, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/13/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	own, of pregna	•			County of p	pregnancy termination  MARION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educat	tion				
20		Yes No	(	07/11/201	18			Н		ol Diploma	or GED
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Blac		an American	_	known	■ Not I	/ anic or Latino Hispanic or La	
Live Births:	N	umber now living	2				Numb	er now d	leceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations <b>0</b>	
Dates of termination	is (Do no	ot include this termin	ation. If more th	han six (6,	), those m	ost recent.)					
1	2	·				4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
E 4		TC : 11	C					N/A			
Fetus viable?  Yes  1	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination
									None		Uterine Perforation
Dath dari ad accession	4:	If							Hemorrhag	е 🗆	Cervical Laceration
Pathological examin performed?	ation	If yes, results:						_	Infection		Retained Products
☐ Yes ■	No								Other (Spec	cify)	
											ncy result in a maternal death?
								☐ Ye	s 🔳 N	υ	
				Туре	of Termi	nation Procedur					
Procedure that Term						Additional Pr				•	
<ul><li>Medical (Nonsu</li><li>Medical (Nonsu</li></ul>									Mifepriston Misoprosto		
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)         For Medical (Nonsurgical) procedures, answer the following question       For Medical (Nonsurgical) procedures, answer the following question         Check the box indicating the following items were completed       Check the box indicating the following items were completed         ☐ The manufacturer's instructions provided to the patient       ☐ The manufacturer's instructions provided to the patient         ☐ The patient signed the patient agreement       ☐ The patient signed the patient agreement											
Medical (Surgio									ion Curetta		
Medical (Surgio	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi		
Medical (Surgio	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)		
For Medical (Surgical	al) proce	dures, answer the fo	llowing questio	n.		For Medical (	Surgica	ıl) proced	dures, answ	er the follow	/ing question.
		e a post fertilization	age at least 20 v	weeks?					e a post fei	tilization age	e at least 20 weeks?
Yes [ If the previous quest	☐ No tion was	answered yes, comp	lete the following	ng questio	ns.	☐ Y  If the previou		] No on was a	nswered y	es, complete t	the following questions.
Was the fetus given	the best	opportunity to surviv							opportunit	y to survive?	
☐Yes [	□No						es [	No			
	ired the	determination that procedure to avert of					nat requ	ired the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requi	ired under IC 16	i-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>24/2018</b>		Physicia	n estimat	e of gestation (i	n weeks	;)	Post fe	rtilization age	ge of the fetus (in weeks)
How were the gestat			n age determin	ed?		7					5
ULTRASOUND		г									
Was a waiver of cons	ent obtain	ned?	s 🔳 N	lo	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No
Is the patient seeking	an aborti	on as a result of being			☐ Abı	ised		oerced		Harassed	☐ Trafficked
Full name of physici	-	-									
DR. CASANDRA C			mber and street	t city stat	e and zin	code)					
8590 GEORGETO	-	-		,,, siai	., Lip	/					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of pregna	•		. ,	County of	-	ncy term	
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion						
32		Yes No		07/16/20 <sup>-</sup>						ociate Deg	ree		
Race American India Native Hawaiian	n or Othe		Asian White	☐ Blac		an American		known er now o	■ Not l	y anic or Latii Hispanic or			] Unknown
Live Births:			1							0			
Other Termination	15.	umber of spontaneo	0				Numb	er of inc	uced termi	nations <b>0</b>			
Dates of termination	ns ( <i>Do no</i>	ot include this termin	ation. If more to	han six (6 <sub>.</sub>	), those m	ost recent.)		5			6		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexisting cate the about		onditions	s of the pa	atient that may
								N/A					
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of	Pregnan	ıcy Term	ination
Pathological examin performed?		If yes, results:							None Hemorrhag Infection Other (Spec	e [	Cerv	ine Perfo vical Laco ined Pro-	eration
								Did thi ☐ Ye			ancy res	ult in a n	maternal death?
				Type	of Termi	nation Procedur	res						
Procedure that Term	ninated P	regnancy		-71-		Additional Pr		that Te	minated P	regnancy			
☐ Medical (Nons ☐ Medical (Nons ☐ Medical (Nons	urgical)	Misoprostol		☐ Medical	(Nonsu	rgical) N	Mifepriston Misoprosto Other (Spec	l					
The patient sign  Medical (Surgi	e following items we ructions provided to tient agreement tion Curettage nstrual Aspiration	☐ Medical ☐ Medical	ox indicature ufacture ent sign (Surgic (Surgic	ating the er's instructed the parally Suctally Men	following actions pro atient agree	items were wided to the ment ge	comple	ted					
☐ Yes If the previous ques Was the fetus giver	le or have No tion was	e a post fertilization	age at least 20 v	weeks?	ns.	☐ Y  If the previou  Was the fetter	tus viab 'es [ is questi	le or have No ion was a	e a post fe	rtilization ag	ge at lea	st 20 wee	
	aired the	determination that procedure to avert					hat requ	ired the					oman had a mpairment to
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requ	ired un	der IC 16	6-34-2-3(a)(3)
Date last normal me	_	an <b>25/2018</b>		Physicia	n estimat	e of gestation (i	in weeks	s)	Post fe	ertilization a	ge of th	e fetus (i	n weeks)
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?					<u> </u>				
Was a waiver of cons	sent obtain	ned? Yes	s • N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes		No	
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed	☐ C	Coerced		Harassed		Traffick	ed
Full name of physic DR. CASANDRA (	CASHMA	AN											
Address of physicia 8590 GEORGETO	-	=		ı, city, stat	e, and zip	coae)							
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of pregr	ancy ter			County of p	pregnancy termination MARION
Patient's age** 26	Marrie	d Yes No	Date of pregna	ancy term 07/16/20		Educ	ation		8th G	Grade or Le	ss
Race American Indian Native Hawaiian		ka Native r Pacific Islander	☐ Asian ☐ White	☐ Blac		an American	□Un	ıknown	Ethnicity  Hispa	anic or Latino Hispanic or L	o atino 🔲 Unknown
Live Births:	N	umber now living	4		-			per now de		0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of indu	ced termi	nations 0	
Dates of termination	ns (Do no	ot include this termin	ation. If more th	an six (6	), those m	ost recent.)	ı				
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:		4			preexistin		oditions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				N/A			
Yes Yes	No	ii viaole, medicar	reason for term	ination.				_	one		regnancy Termination  Uterine Perforation  Cervical Laceration
Pathological examin	nation	If yes, results:							emorrhag fection	e ⊔	
performed?	No								ther (Spec	_	
								Did this	termination		ncy result in a maternal death?
				Tyne	of Termi	nation Proced	ures				
Procedure that Term	ninated P	regnancy		- 717		Additional		e that Tern	ninated Pr	regnancy	
Medical (Nonsum Medical (Nonsu	urgical)	Misoprostol				☐ Medica	l (Nonsu	orgical) Morgical) Morgical) Of	isoprostol	[	
The patient sign  Medical (Surgion	cating the rer's instr ed the pa- cal) Suc	e following items we ructions provided to tient agreement tion Curettage	re completed	stion		Check the base The ma	ox indic nufactur ient sign l (Surgio	ating the f er's instruc- ned the pat cal) Suction	Collowing ctions pro ient agree on Curetta	items were c vided to the p ment ge	=
Medical (Surgi	cal) Mer cal) Oth	nstrual Aspiration er (Specify)						cal) Menst cal) Other		ration	
		edures, answer the fo				Was the f	etus viab				ving question.
	the best	answered yes, compoportunity to surviv		ng questio	ons.	Was the fe	-	n the best o	-	es, complete ty to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	aired the p			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	0(3)	List the na	ne of the	e second de	octor pres	ent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>02/2018</b>		Physicia	an estimat	e of gestation 9	(in week.	s)	Post fe	rtilization ag	e of the fetus (in weeks) 7
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?					1		
Was a waiver of cons		1 1 60				a waiver of n				Yes	■ No
Is the patient seeking			any of the follo	wing?	Abu	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CASANDRA C	-										
Address of physicial 8590 GEORGETO	-	-		, city, stai	te, and zip	code)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 8	590 GEORGETOWN ROA	D, INDIANAPOLIS,	N, 46268	City or t	town, of pr	regnanc				County of 1	pregnancy termination  MARION
Patient's age** 19	Marrie	ed Yes No	Date of pregna	ancy term 07/16/20		Е	ducatio	n		Some Co	ollege, No I	Degree
Race American Indian			Asian			an Americ	an				anic or Latin	
☐ Native Hawaiian  Live Births:		umber now living	White 0	Othe	er			Unkı Number	nown r now de		Hispanic or L  0	atino Unknown
Other Termination	ns:	umber of spontaneou					N	Number	r of indu	ced termi		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	an six (6	), those me	ost recent.	)					
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:		4			-	preexistin	-	nditions of the patient that may
									N/A			
Fetus viable?  ☐ Yes ■	No	If viable, medical	reason for term	ination:					■ N	Complic	cation(s) of P	Pregnancy Termination  Uterine Perforation
Pathological examir	nation	If yes, results:								emorrhag fection	e 🗆	Cervical Laceration Retained Products
performed?	No									ther (Spec		Retained Froducts
									Did this ☐ Yes	termination		ncy result in a maternal death?
				Туре	e of Termin	nation Pro	cedures					
Procedure that Term	ninated P	regnancy	71					that Term	ninated Pr	regnancy		
Medical (Nonsi	urgical)	Misoprostol				☐ Med	dical (N	lonsurg	gical) M	ifepriston isoprostol her (Spec	l	
For Medical (Nonsu Check the box indic  The manufactur  The patient sign	eating the er's insti	e following items we ructions provided to	ere completed	stion		Check th	ne box i manufa	indicat acturer	ing the for	ollowing	items were covided to the	•
Medical (Surgi	cal) Mei	nstrual Aspiration				☐ Med	dical (S	urgical	) Menst	n Curetta rual Aspi (Specify)	ration	
		edures, answer the fo	• .			Was tl	,	viable				ving question. e at least 20 weeks?
	the best	answered yes, comp opportunity to survi-		g questic	ons.	Was th		given t	he best o	•	es, complete by to survive?	the following questions.
	ired the	determination that procedure to avert of				conditi		requir	ed the p			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	0(3)	List the	name o	of the s	econd do	octor pres	sent, as requi	ired under IC 16-34-2-3(a)(3)
Date last normal me	-	an 15/2018		Physicia	an estimate	e of gestati	ion (in v	weeks)		Post fe	rtilization ag	ge of the fetus (in weeks)  5
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons						a waiver o	_				Yes	■ No
Is the patient seeking Full name of physic			g any of the follo	wing?	☐ Abu	ised		_ Coe	erced		Harassed	☐ Trafficked
DR. CASANDRA C	CASHM	AN										
Address of physicia 8590 GEORGETO	-	-		city, sta	te, and zip	code)						
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregn	ancy ter			County of p	oregnancy termination MARION
Patient's age** 19	Marrie	d ☐ Yes ■ No	Date of pregna	ancy term 07/16/20		Educ	ation	н	ligh Scho	ol Diploma	or GED
Race American Indian Native Hawaiian		ka Native r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	□Un	ıknown		y anic or Latino Hispanic or La	
Live Births:		umber now living	1		-			per now d		0	
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numb	per of ind	uced termi	nations 0	
Dates of termination	ns (Do no	t include this termin	nation. If more th	han six (6	), those m	ost recent.)					
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:		4			y preexistin		ditions of the patient that may
F ( 11.0		TC : 11 1: 1	<u> </u>	. ,.				N/A			
Fetus viable?  Yes  Yes	No	If viable, medical	reason for term	ination:					None		regnancy Termination  Uterine Perforation
Pathological examin	nation	If yes, results:							Hemorrhag Infection	e 🗆	Cervical Laceration Retained Products
performed?	No								Other (Spec	_	
								Did thi ☐ Ye			ncy result in a maternal death?
		1		Type	of Termi	nation Proced	ıres	. —			
Procedure that Term	ninated P	regnancy		1 ypc	1011111	Additional I		e that Ter	minated P	regnancy	
Medical (Nonsum Medical (Nonsu	urgical)	Misoprostol				☐ Medica	l (Nonsu	ırgical) N	Mifepriston Misoprosto Other (Spec	l	
For Medical (Nonsu Check the box indicent The manufacturent The patient sign	cating the rer's instr ed the pa	e following items we uctions provided to tient agreement	ere completed	estion		Check the b	ox indic nufactur ient sigr	ating the er's instru- ned the pa	following actions pro atient agree	items were covided to the period to the peri	_
Medical (Surgion Medica	cal) Mer	strual Aspiration				☐ Medica	l (Surgic	al) Men	ion Curetta strual Aspi r (Specify)	ration	
		dures, answer the for				Was the f	etus viab				ring question. e at least 20 weeks?
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ng questic	ons.	Was the fe	-	n the best	-	es, complete to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	aired the			e pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nar	ne of the	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>07/2018</b>		Physicia	an estimat	e of gestation	(in week.	s)	Post fe	ertilization age	e of the fetus (in weeks) 7
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?							
Was a waiver of cons						a waiver of no				Yes	■ No
Is the patient seeking			g any of the follo	wing?	Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CASANDRA C	-										
Address of physicial 8590 GEORGETO	-	-		; city, sta	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of J	pregnancy termination  MARION	
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion			I		
23	_	Yes No	1 0	07/16/20				H	ligh Scho	ool Diploma	or GED	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an American	☐ Un	known		y anic or Latino Hispanic or L		'n
Live Births:	N	umber now living	1				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations				Numb	er of inc	luced termi	nations 2		
Dates of termination			ation. If more t	han six (6	), those m	ost recent.)						
ı. <b>2016</b>	2	01/2018	3			4		5			6	_
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo		nditions of the patient that	may
T		xo : 11						N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	Pregnancy Termination	
	110							•	None		Uterine Perforation	
D. 1. 1. 1. 1. 1.		70							Hemorrhag	ge 🗆	Cervical Laceration	
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal d	leath?
								☐ Y€	s 🔳 N	0		
				Туре	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	e that Te	rminated P	regnancy		
Medical (Nonsi									Mifepriston Misoprosto			
Medical (Nons									Other (Spec			
For Medical (Nonsu	ırgical) pı	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the foll	lowing question	
Check the box indic	-	_	_			Check the bo		_	_		-	
☐ The manufactur☐ The patient sign		uctions provided to tient agreement	the patient						uctions pro atient agree	ovided to the ement	patient	
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ıge		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi er (Specify)			
Wiedical (Surgi	car) Our	ci (Specify)				Wiedicar	(Burgic	ai) Olik	л (Бресцу)			
For Medical (Surgio											ving question.	
	le or hav	e a post fertilization	age at least 20	weeks'?			tus viab 'es [		e a post fei	rtılızatıon age	e at least 20 weeks?	
If the previous ques	_	answered yes, comp	lete the followi	ng questio	ns.		_	_	answered y	es, complete	the following questions.	
	n the best ☐ No	opportunity to survi	ve?				us given Yes [		t opportunit	ty to survive?		
	_		d	_	,			_				
		determination that procedure to avert									e pregnant woman had th or serious impairment	
the pregnant woman						the pregnan					r	
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a	a)(3)
N/A						<u> </u>						
Date last normal me	_			Physicia	n estimat	e of gestation (i	n weeks	s)	Post fe	ertilization ag	ge of the fetus (in weeks)	
How were the gesta		20/2018 e and post fertilization	on age determin	ed?		8					6	
ULTRASOUND	o.iui ugʻ	a poor rerumann										
Was a waiver of cons	sent obtain	ned? \( \sum \) Yes	s In	Jo	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No	
Is the patient seeking					Abı			oerced		Harassed	☐ Trafficked	
Full name of physic				-					_			
DR. CASANDRA C	CASHMA	AN										
Address of physicia	-	-		t, city, stat	e, and zip	code)		_				
8590 GEORGETO	WN RO	AU, INDIANAPOL	io, in 46268									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of		y termination RION
Patient's age**	Marrie	:d	Date of pregn	nancy term	ination	Educa	tion					
40	_	Yes No		07/16/20 <sup>-</sup>	18					Unknown		
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Blac		an American		known	Not I	y anic or Latin Hispanic or L		Unknown
Live Births:	N	umber now living	4						deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations 1				Numb	er of inc	luced termi	nations <b>0</b>		
Dates of termination  1. UNKNOWN	ns ( <i>Do no</i>	ot include this termin				ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions o	of the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	nination:					Compli	cation(s) of P	regnancy	7 Termination
	1.0								None		Uterin	e Perforation
Pathological examir	nation	If yes, results:							Hemorrhag	_		al Laceration
performed?		ii yes, resuits.							Infection		Retain	ed Products
☐ Yes ■	No								Other (Spec	cify)		
												<del></del>
								Did thi			ncy resul	t in a maternal death?
				Tyne	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy		1,100	or remin	Additional Pr		that Te	rminated P	regnancy		
☐ Medical (Nons	urgical)	Mifepristone				☐ Medical	(Nonsu	rgical) l	Mifepriston	ie		
☐ Medical (Nonsi									Misoprosto Other (Spec			
_	,	1 337						υ,	. 1	337		
For Medical (Nonsu	rgical) p	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the fol	lowing a	uestion
Check the box indic	cating the	e following items we	ere completed			Check the bo	x indica	ating the	following	items were o	complete	
☐ The manufactur☐ The patient sign		ructions provided to	the patient						uctions pro atient agree	ovided to the	patient	
Medical (Surgi	cal) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ige		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi er (Specify)			
i wicaicai (Suigi	car) Our	ы (вресцу)				Wiedicar	(Surgic	ar) Ouic	л (Бресіду)			
For Medical (Surgic		edures, answer the fo e a post fertilization				For Medical (				ver the follow rtilization age		
Yes	■ No					☐ Y	es [	No	-			
If the previous ques		answered yes, comp opportunity to survi		ng questio	ns.	_	-		-	_		wing questions.
	□ No	opportunity to survi	VC:				us giver Yes [		opportunii	ty to survive?		
		determination that				What was	the ba	sis for	determinat	tion that the	e pregna	ant woman had a
the pregnant woman		procedure to avert of	death or serious	s impairm	ent to		hat requ	ired the				ious impairment to
						the pregnan	t woma					
List the name of the	cacord 1	octor present, as requ	irad undar IC 10	5 34 3 3(=)	(3)	List the ma	a of +h -	. coco - J	doctor ===	ant as reco-	rad und-	r IC 16-34-2-3(a)(3)
N/A	second d	octor present, as requ	irea unaer ic 10	)-34-2-3(a)	(3)	List the nam	e or the	second	doctor pres	sent, as requi	rea unae	1 IC 10-34-2-3(a)(3)
Date last normal me	_			Physicia	an estimat	e of gestation (i	n weeks	5)	Post fe	ertilization ag		fetus (in weeks)
How were the gesta		20/2018 e and nost fertilization	on age determin	ed?		7					5	
ULTRASOUND	tionar ag	z ana post rertinzatio	on age determin	icu:								
Was a waiver of cons	sent obtain	ned?	s • N	No	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No	)
Is the patient seeking	an aborti				☐ Abı			oerced		Harassed		rafficked
Full name of physic	-	-										
DR. CASANDRA C			mhor and atua	t city atas	to and -i-	code)						
8590 GEORGETO	-	=		ı, ciiy, Sial	е, ини хір	coue)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address	'	D, INDIANAPOLIS,			town, of pregna	ncy teri	mination	. ,	County of	-	ncy termi	ination
Patient's age**	Marrie	nd.	Date of pregn	ancv term	ination	Educa				<u> </u>			
28		Yes I No		07/16/20		Educa	tion	н	ligh Scho	ol Diplom	a or GE	D	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Blac		an American		known	■ Not I	y anic or Latir Hispanic or l			Unknown
Live Births:		umber now living	3					per now d		0			
Other Termination	115.	umber of spontaneo	0				Numb	er of ind	uced termi	nations <b>0</b>			
Dates of termination	ns ( <i>Do no</i>	ot include this termin	nation. If more to	han six (6 <sub>.</sub>	), those m	ost recent.)		5			6		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo		nditions	of the pa	ntient that may
								N/A					
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of	Pregnano	cy Termi	ination
Pathological examin performed?	nation	If yes, results:						_ I	None Hemorrhag Infection Other (Spec	e [	] Cervi	ne Perfo ical Lace ned Prod	eration
											incy resu	ılt in a m	naternal death?
		<u> </u>						☐ Ye	s • N	0			
Dronodowa that T	aineta J D	ragnancy		Туре	of Termi	nation Procedu		that T	minatada	roaner e			
Procedure that Term  Medical (Nons		•		Additional Pr			minated Pi Aifepriston						
☐ Medical (Nons ☐ Medical (Nons	urgical)	Misoprostol			(Nonsu	rgical) N	Aisoprosto Other (Spec	l					
ivicultar (140hs	urgicar)	Other (specify)			Wiedicar	(1voiisu	igicai) C	otilei (spec	(1)				
The patient sign  Medical (Surgi	rer's instrued the partical) Succeal) Mer	e following items we ructions provided to tient agreement tion Curettage nstrual Aspiration		☐ Medical ☐ Medical	ox indicature ufacture ent sign (Surgic (Surgic	eating the er's instru- ned the partial) Suctional	following actions pro- atient agree	items were wided to the ment	complet	ed			
☐ Yes If the previous ques Was the fetus given	le or have No tion was the best	e a post fertilization	age at least 20 v	weeks?	ons.	If the previou  Was the fett	tus viab es [ s questi us give <u>r</u>	le or hav No ion was a	e a post fer	rtilization ag	e at leas	t 20 wee	
What was the ba	aired the	determination that procedure to avert				What was	nat requ	sis for ired the					oman had a npairment to
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	0(3)	List the nam	e of the	second o	doctor pres	sent, as requ	ired und	ler IC 16	5-34-2-3(a)(3)
Date last normal me	_	an <b>25/2018</b>		Physicia	an estimat	e of gestation (i	n weeks	5)	Post fe	ertilization a	ge of the	e fetus (ii	n weeks)
How were the gesta ULTRASOUND			on age determin	ed?							<u>_</u>		
Was a waiver of cons	sent obtain	ned?	s • N	Jo	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ N	No	
Is the patient seeking					☐ Abı			Coerced		Harassed		Trafficke	ed
Full name of physic DR. CASANDRA C													
Address of physicia 8590 GEORGETO	-	=		t, city, stat	te, and zip	code)							
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Facility Name and A	Address (PPGI) - 85	i90 GEORGETOWN ROAI	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination  MARION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion				
22		☐ Yes ■ No	(	07/16/201	18			H		ool Diploma	or GED
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	1						leceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	luced termi	nations 0	
Dates of termination	,	ot include this termin	v			*					
1						4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
F ( 1110		TC : 11 1: 1	<u> </u>					N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of Pr	regnancy Termination
									None		Uterine Perforation
Pathological examin	nation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration
performed?		ii yes, resuits.						_	Infection	.: <i>E.</i> .)	Retained Products
☐ Yes ■	No							□ '	Other (Spec	сіју)	
								Did thi ☐ Ye			ncy result in a maternal death?
				Т	of Torra-	nation Procedur	-AC				
Procedure that Term	ninated P	regnancy		1 уре	OI ICIIIII	Additional Procedure		that Te	rminated P	regnancy	
Medical (Nonsi									Mifepriston		
Medical (Nonsi									Misoprosto Other (Spec		
ivicalcal (Nonsi	urgicar)	other (Specify)				Wiedlear	(140113u	igicai) (	other (spec	.(jy)	
For Modical (Nongu	raiaal) n	rocedures, answer the	o following aug	ation		For Madical (	Nongur	aiaal) pr	aaduraa a	nawar tha fall	lowing question
		e following items we		SHOII		Check the bo					
		uctions provided to	the patient						-	ovided to the j	patient
The patient sign  Medical (Surgi									atient agree ion Curetta		
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration	
Medical (Surgi	cal) Oth	ər (Specify)				Medical	(Surgic	al) Othe	er (Specify)		
, ,		edures, answer the fo	• .			For Medical (	-				
	le or have □ No	e a post fertilization	age at least 20 v	weeks?		Was the fet		le or hav ] No	e a post fei	rtilization age	e at least 20 weeks?
	_	answered yes, compl	lete the following	ng questio	ns.	_			nswered y	es, complete t	the following questions.
	the best	opportunity to surviv	ve?						opportunit	ty to survive?	
							es [				
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to
the pregnant woman	n?					the pregnan			1		1
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Details a	1			D1 · ·				- \	D : 0		
Date last normal me	_	an 12/2018		Physicia	ın estimat	e of gestation (i	n weeks	i)	Post fe	ertilization age	e of the fetus (in weeks) 7
How were the gestar	tional age	e and post fertilization	on age determin	ed?							
ULTRASOUND											
Was a waiver of cons					Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No
		on as a result of being	any of the follo	wing?	☐ Abı	ısed		oerced		Harassed	☐ Trafficked
Full name of physic DR. CASANDRA C	-	-									
		ning termination (num	mber and street	t, city, stat	e, and zip	code)					
8590 GEORGETO	-	-									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A	Address (PPGI) - 8	3590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or to	own, of preg	gnancy ter ANAPOL		1	County of p	regnancy MAR	
Patient's age** 21	Marri	ed □ Yes ■ No	Date of pregn	ancy term 07/16/20		Edu	ication	1	High Scho	ool Diploma	or GED	
Race American India Native Hawaiian		ska Native er Pacific Islander	☐ Asian ☐ White	■ Blac		nn Americar	☐ Uı	nknown	Not	y anic or Latino Hispanic or La		■ Unknown
Live Births:	N	Number now living	0				Num	ber now	deceased	0		
Other Termination	ns:	Number of spontaneou	is terminations				Num	ber of in	duced termi	inations <b>0</b>		
Dates of termination	ns (Do n	ot include this termin	ation. If more to	,	**	ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					ny preexistir icate the abo		ditions of	the patient that may
								N/A				
Fetus viable?  Yes  Yes	No	If viable, medical	reason for term	ination:					Compli None Hemorrhag	cation(s) of Pr	Uterine	Termination Perforation
Pathological examin	nation	If yes, results:							Infection	ge 🔲		d Products
performed?	No								Other (Spe	cify)		
								Did th			cy result i	in a maternal death?
		1		Tyne	e of Termir	nation Proce	dures					
Procedure that Term	ninated I	Pregnancy		- 77				e that Te	rminated P	regnancy		
Medical (Nons									Mifepristor			
☐ Medical (Nons ☐ Medical (Nons		Other (Specify)						Misoprosto Other (Spec				
Check the box indic	cating the rer's instructed the particular Sudical) Sudical) Me	enstrual Aspiration	ere completed	estion		Check the	box indicaturation signaturation signaturati	eating the rer's instr ned the p cal) Suc cal) Mer	e following	ige iration	ompleted	estion
Was the fetus viab  Yes  If the previous ques  Was the fetus giver  Yes  What was the ba	le or have No letion was not the bes No lesis for a lired the	edures, answer the fo ye a post fertilization of answered yes, comp t opportunity to survive determination that	age at least 20 velete the following ve?	weeks?  ng questic  woman 1	had a	Was the  If the prev  Was the  What we condition	fetus vial  Yes [ ious quest fetus give  Yes [ as the be	ble or had No tion was not the bese No assis for uired the	ve a post fe answered y at opportuni		at least 20 he following	0 weeks?
List the name of the	second o	doctor present, as requi	ired under IC 16	5-34-2-3(a)	)(3)				doctor pres	sent, as requir	ed under	IC 16-34-2-3(a)(3)
Date last normal me		gan IKNOWN		Physicia	an estimate	of gestation	n (in week	es)	Post fe	ertilization age	of the fet	tus (in weeks)
How were the gesta ULTRASOUND		ge and post fertilization	on age determin	ed?		12						
Was a waiver of cons	sent obta	ined?	; <u> </u>	Jo	Was a	waiver of	notificatio	on obtain	ed?	☐ Yes	■ No	
		ion as a result of being			Abu			Coerced		] Harassed		ıfficked
Full name of physic								_				
	n perfor	ming termination (nu		t, city, sta	te, and zip	code)						
8590 GEORGETO	WN RC	OAD, INDIANAPOL	IS, IN 46268									
**Date Reported	to DCS	S, if Patient under 1	6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Facility Name and Ad PPIN-GEORGETOWN OR (P	ldress PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination  MARION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion				
18		Yes No	(	07/16/20 <sup>-</sup>	18					th, No Diplo	oma
Race American Indian of Native Hawaiian of	or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Blac ■ Othe		an American		known	☐ Not I	y anic or Latino Hispanic or L	
Live Births:	Ni	umber now living	1					er now o		0	
Other Terminations:	: N	umber of spontaneou	us terminations <b>0</b>				Numb	er of ind	uced termi	nations 0	
Dates of terminations		t include this termin	•					5.			6.
Fetus delivered alive?  Yes N	1	If yes, length of ti							y preexistin	-	nditions of the patient that may
E-tur siishle?		TGi-bldil	ft	·				N/A			
Fetus viable?  Yes No.	0	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination
								•	None		Uterine Perforation
Pathological examinat	tion	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration
performed?	tion	ii yes, iesuits.						_	Infection		Retained Products
☐ Yes ■ N	lo								Other (Spec	cify)	
								Did thi			ncy result in a maternal death?
		1			CT.				<u>. П.</u>	~	
Procedure that Termin	nated D	ragnancy		Туре	of Termi	nation Procedur  Additional Pr		that Ta	minated D	ragnonov	
Medical (Nonsurger)									Mifepriston		
Medical (Nonsur	gical)	Misoprostol				☐ Medical	Nonsu(	rgical) N	Misoprosto	l	
Medical (Nonsur	gicai) (	Jiner (Specify)					(Nonsu	rgicai) (	Other (Spec	:tJy)	
For Medical (Nonsurg Check the box indicat  The manufacturer  The patient signed	ting the	e following items we uctions provided to	ere completed	estion		Check the bo	x indicature	ating the	following	items were covided to the	
Medical (Surgica									ion Curetta		
☐ Medical (Surgica ☐ Medical (Surgica									strual Aspi r (Specify)		
For Medical (Surgical	D	1 dl - 6-	11			F 16 E 1	(G :	1)	1	4 6 11	<del> </del>
Was the fetus viable			• .			For Medical ( Was the fet	-				oring question.  e at least 20 weeks?
☐ Yes ☐	No	-				□ Y	es [	No	•		
If the previous questic Was the fetus given the				ng questio	ns.	_	-		-	-	the following questions.
	No	opportunity to survi	vc:				res [		оррогинн	ty to survive?	
What was the basis condition that requir the pregnant woman?	ed the						nat requ	ired the			e pregnant woman had a th or serious impairment to
List the name of the se	econd de	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal mens	_	an 12/2018		Physicia	n estimat	e of gestation (i	n weeks	5)	Post fe	ertilization ag	ge of the fetus (in weeks)
How were the gestation			on age determin	ed?							
Was a waiver of conser	nt obtair	ned?	s • N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No
Is the patient seeking ar	1 abortio	on as a result of being	g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physician DR. CASANDRA CA	-										
Address of physician	perforn	ning termination (nu		t, city, stat	e, and zip	code)					
8590 GEORGETOW	IN KU	אט, INDIANAPOL	13, IN 46268								
**Date Reported to	o DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	oregnancy termin	nation
Patient's age**	Marrie		Date of pregn	ancy term	ination	Educa	tion					
23		☐ Yes ■ No	(	07/03/20 <sup>-</sup>	18					Unknown		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Blac		an American	_	known	☐ Not I	y anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	0						deceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	er of inc	luced termi	nations 1		
Dates of termination		t include this termin						5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin	-	ditions of the pat	ient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termin	nation
									None		Uterine Perfor	ation
Pathological examin	nation	If yes, results:							Hemorrhag	ge 🔲	Cervical Lacer	
performed?	iation	ii yes, resuits.							Infection		Retained Prod	ucts
☐ Yes ■	No							Ш	Other (Spec	cify)		
								Did thi ☐ Ye	is terminaties N		icy result in a m	aternal death?
		•		Trmo	of Torm:	nation Procedur	rec					
Procedure that Term	ninated P	regnancy		туре	OI ICIIIII	Additional Procedure		e that Te	rminated P	regnancy		
☐ Medical (Nonsi									Mifepriston			
☐ Medical (Nonsi									Misoprosto Other (Spec			
ivical (Nons)	urgicar)	Other (Specify)				Wiedicar	(1voiisu	irgicai) (	other (spec	.( <i>jy)</i>		
For Medical (Nonsu	raiaal) n	roaduras answar th	o following aug	ation		For Madical (	Nongur	raigal) pr	oooduraa a	nawar tha fall	owing question	
Check the box indic				SHOII		Check the bo						
_		uctions provided to	the patient						_	ovided to the	patient	
The patient sign  Medical (Surgi									atient agree ion Curetta			
Medical (Surgi	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration		
Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)			
For Medical (Surgic						For Medical (						
	le or have	e a post fertilization	age at least 20 v	weeks?		Was the fet  ☐ Y		le or hav  No	e a post fei	rtilization age	at least 20 week	cs?
If the previous quest	_	answered yes, comp	lete the following	ng questio	ns.	_			answered y	es, complete	the following qu	estions.
	the best	opportunity to surviv	ve?						t opportunit	ty to survive?		
							Yes [					
		determination that procedure to avert of									pregnant wor h or serious im	
the pregnant woman	n?					the pregnan			1		į	
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requir	ed under IC 16-	-34-2-3(a)(3)
N/A	1			Di · ·		<u> </u>		-1	D . c		£4	
Date last normal me	_	an <b>27/2018</b>		Physicia	ın estimat	e of gestation (i	n weeks	5)	Post fe	erunzation ag	e of the fetus (in <b>7</b>	weeks)
How were the gestar	tional age	e and post fertilization	on age determin	ed?								
ULTRASOUND												
Was a waiver of cons					Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No	
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficke	d
Full name of physic DR. CAROL DELL	-	rming termination										
Address of physician		ning termination (nu	mber and street	t, city, stat	e, and zip	code)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	6225									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregn	ancy teri		County of pre	egnancy termination MARION
Patient's age** 25	Marrie	d ☐ Yes ■ No	Date of pregna	ancy term 07/03/20		Educa	ntion	В	chelor's Degree	•
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known 🔳 N	ispanic or Latino ot Hispanic or Lati	ino 🔲 Unknown
Live Births:		umber now living	0					per now decease	0	
Other Termination	15.	umber of spontaneou	0				Numt	per of induced to	minations <b>0</b>	
Dates of termination	is (Do no	t include this termin	ation. If more th	han six (6	), those m	ost recent.)		5	6	
Fetus delivered alive		If yes, length of ti		ed:		-		List any preex complicate the		tions of the patient that may
Fetus viable?		If viable, medical	rangan far tarm	inations				N/A		
Yes Yes	No	ii viabie, medicai	reason for term	ination:				■ None	¹	gnancy Termination Uterine Perforation
Pathological examin	ation	If yes, results:						☐ Hemori		Cervical Laceration Retained Products
performed?  Yes	No							Other (	_	Counica Froducts
									ation of pregnancy	y result in a maternal death?
				Tvne	of Termi	nation Procedu	ires			
Procedure that Term	ninated P	regnancy		- 1100	1011111			e that Terminate	l Pregnancy	
Medical (Nonsu								rgical) Mifepri		
Medical (Nonsu								argical) Misopro argical) Other (S		
For Medical (Nonsu Check the box indic	ating the		ere completed	estion		Check the b	ox indic	ating the follow	s, answer the following items were con	mpleted
■ The patient sign	ed the pa	tient agreement						ned the patient a		
Medical (Surgion Medical (Surgio	cal) Mer	strual Aspiration				☐ Medica	(Surgic	eal) Suction Cur eal) Menstrual A eal) Other (Spec	spiration	
For Medical (Surgic		dures, answer the fo							nswer the following fertilization age at	- 1
☐ Yes [	No	-				Y	Yes [	☐ No		
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ng questic	ons.	Was the fe	-	n the best opport	I yes, complete the unity to survive?	e following questions.
	ired the	determination that procedure to avert of					hat requ	aired the proced		pregnant woman had a or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	0(3)	List the nan	ne of the	e second doctor	resent, as requirec	d under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>09/2018</b>		Physicia	an estimat	e of gestation (	in week:	Po Po	t fertilization age o	of the fetus (in weeks)
How were the gestat ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?				<b>'</b>		
Was a waiver of cons						a waiver of no				■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced	Harassed	☐ Trafficked
Full name of physics  DR. CAROL DELL	-	rming termination								
Address of physician 200 S. MERIDIAN	-	-		, city, sta	te, and zip	code)				
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROAI	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p		y termination RION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
35		Yes No	(	07/03/201	18					ociate Degr	ee	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	Blac Othe		an American		known	☐ Not I	y anic or Latino Hispanic or L		■ Unknown
Live Births:	N	umber now living	3						leceased	0		
Other Termination	ns:	umber of spontaneou	is terminations <b>0</b>				Numb	er of inc	luced termi	nations <b>0</b>		
Dates of termination		ot include this termina 	v			*		5.			6.	
Fetus delivered alive	e?	If yes, length of tin							y preexistin	-	nditions o	f the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Complic	cation(s) of P	regnancy	Termination
									None		Uterine	e Perforation
Pathological examin	nation	If yes, results:							Hemorrhag	e 🗆		al Laceration
performed?	iation	ii yes, resuits.						_	Infection		Retaine	ed Products
☐ Yes ■	No							Ш	Other (Spec	cify)		
								D:14:				
								Did thi	s terminations		ncy result	t in a maternal death?
				Туре	of Termi	nation Procedur	res_					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated Pr	regnancy		
Medical (Nonsu									Mifepriston			
☐ Medical (Nonsu ☐ Medical (Nonsu								Misoprostol Other (Spec				
For Medical (Nonsur	rgical) pi	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the foll	owing qu	uestion
Check the box indic	-	•	•			Check the bo						i
☐ The manufactur☐ The patient sign		ructions provided to tient agreement	the patient						uctions pro atient agree	wided to the property	patient	
Medical (Surgional Control Contro	cal) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge		
☐ Medical (Surgion Med		nstrual Aspiration							strual Aspi	ration		
	cui) oui	i (Specify)				Micalcar	(Surgic	ui) ouic	л (Бресцу)			
												· · · · · · · · · · · · · · · · · · ·
For Medical (Surgic		edures, answer the following a post fertilization a				For Medical (				ver the follow rtilization age		
☐ Yes [	■ No					Y as the let		No	e a post ici	tilization age	at icast.	to weeks:
If the previous quest				ng questio	ns.	_	-		-	-		wing questions.
	∏No	opportunity to surviv	ve:				us giver Yes [		opportunit	ty to survive?		
		determination that				What was	the ba	sis for	determinat	tion that the	pregna	nt woman had a
the pregnant woman		procedure to avert d	leath or serious	impairm	ent to	condition the			procedure	to avert deat	h or seri	ous impairment to
1 .5						ine pregnan	· ···Oilidi					
List the non	Lecon	actor proceed	irod under IC 10	24.2.263	(2)	Ligt the	0 of tl.		dootor	ant car	rad ur J	r IC 16 24 2 2(-)(2)
N/A	second d	octor present, as requi	ired under ic 16	-34-2-3(a)	(3)	List the name	e or me	second	doctor pres	sent, as requi	rea unaei	r IC 16-34-2-3(a)(3)
Date last normal me	_	an KNOWN		Physicia	n estimat	e of gestation (i	n weeks	<u> </u>	Post fe	ertilization ag	e of the f	etus (in weeks)
How were the gestat			on age determin	ed?		•						
ULTRASOUND												
Was a waiver of cons					Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	)
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		oerced		Harassed	☐ Ti	rafficked
Full name of physicion	-	rming termination										
Address of physician	n perforn	=		t, city, stat	e, and zip	code)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	5225									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PPIN-GEORGETOWN OR	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462						ncy teri	nination		County of	pregnancy terminati	on
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion			•		
21	_	Yes No	(	07/03/201	18			H		ool Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American		known	Not I	y anic or Latin Hispanic or L		known
Live Births:	N	umber now living	2				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations <b>0</b>		
Dates of termination		t include this termin	•					5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin		nditions of the patien	t that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Terminati	ion
	110								None		Uterine Perforation	on
Dath alogical avamin	nation	If yes, results:							Hemorrhag	ge 🗆	Cervical Lacerati	on
Pathological examine performed?	iation	If yes, results.							Infection		Retained Product	S
☐ Yes ■	No								Other (Spec	cify)		
							Did thi ☐ Ye			ncy result in a mater	mal death?	
				Tyna	nation Procedu	res						
Procedure that Term	ninated P	regnancy		Турс	OI TCIIII	Additional Pr		e that Te	rminated P	regnancy		
☐ Medical (Nons	urgical)	Mifepristone				☐ Medical	(Nonsu	rgical) l	Mifepriston	ne		
☐ Medical (Nons ☐ Medical (Nons									Misoprosto Other (Spec			
	8 ,	(- <del></del>						<b>3</b> · · · )	( <b>-</b>	337		
For Medical (Nonsu	rgical) p	rocedures, answer th	e following aue	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the fol	lowing question	
Check the box indic	cating the	e following items we	ere completed			Check the bo	x indic	ating the	following	items were o	completed	
☐ The manufactur ☐ The patient sign		uctions provided to	the patient						uctions pro atient agree	ovided to the	patient	
Medical (Surgi									ion Curetta			
	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi er (Specify)	ration		
Medicai (Surgi	car) Our	ei (Specijy)				iviedicai	(Surgic	ai) Ouic	н (зресцу)			
For Medical (Surgio						For Medical	_					
	Ie of flav	e a post fertilization	age at least 20	weeks?			es [		e a post lei	runzauon age	e at least 20 weeks?	
If the previous ques				ng questio	ns.	_	-		-	_	the following quest	ions.
	i the best ☐No	opportunity to survi	ve?				us giver Yes 🛭		t opportunit	ty to survive?		
What was the ba	sis for	determination that	the pregnant	woman ł	nad a	What was	the ha	eie for	determinat	tion that the	e pregnant womar	n had a
condition that requ	iired the	procedure to avert of				condition tl	nat requ	ired the			th or serious impair	
the pregnant woman	11?					the pregnan	t woma	n?				
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	o-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34	-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	ın estimat	e of gestation (i	n weeks	5)	Post fe	ertilization ag	e of the fetus (in we	eks)
77	15/2018		11					9				
How were the gesta  ULTRASOUND	tional ag	e and post fertilization	on age determin	ed'?								
Was a waiver of cons	sent obtain	ned?	: I N	Jo	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No	
Is the patient seeking						ised		oerced		Harassed	☐ Trafficked	
Full name of physic	ian perfo	rming termination			_			_				
DR. CAROL DELL		aing tormination (	mhan and	+ ait1 :	a a J -:	anda)						
Address of physicia 200 S. MERIDIAN	-	=		ı, cıty, stat	e, ana zip	coae)						
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Facility Name and Address pin-georgetown or (ppgi) - 8590 georgetown road, indianapolis, in, 46						ancy ter	mination .IS		County of p	oregnancy termination MARION	
Patient's age** 22	Marrie [	d ☐ Yes ■ No	Date of pregn	ancy term 07/03/20		Educ	ation	н	ligh Scho	ol Diploma	or GED	
Race American Indian			Asian	=		an American		1		anic or Latino		
Live Births:		umber now living	White 0	☐ Othe	er			nknown oer now d		Hispanic or La	atino Unknown	
Other Termination	ns: N	umber of spontaneou					Numb	per of ind	uced termi			
Dates of termination	ns (Do no	ot include this termin		han six (6	), those m	ost recent.)		_				
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:		4			y preexistin		ditions of the patient that may	
Fetus viable?		If viable, medical	roacon for torm	ination				N/A				
Yes Yes	No	ii viabie, medicai	reason for term	mation.					None		regnancy Termination  Uterine Perforation	
Pathological examin	nation	If yes, results:							Hemorrhag Infection	e 📙	Cervical Laceration Retained Products	
performed?  Yes	No								Other (Spec	cify)		
								Did thi ☐ Ye			ncy result in a maternal death?	
		1		Type	of Termi	nation Proced	ıres		. <u>-</u> п			
Procedure that Term	ninated P	regnancy		1 ype	OI TOIHH	Additional I		e that Ter	minated P	regnancy		
Medical (Nonso	urgical)	Misoprostol				☐ Medica	l (Nonsu	ırgical) N	Mifepriston Misoprosto Other (Spec	[		
For Medical (Nonsu Check the box indic  The manufactur  The patient sign	cating the rer's instr ed the pa	e following items we ructions provided to tient agreement	stion		Check the b	ox indic nufactur ient sigr	ating the er's instru- ned the pa	following actions pro atient agree	items were c vided to the j ment	=		
Medical (Surgion Medica	cal) Mer	nstrual Aspiration				☐ Medica	l (Surgic	al) Men	ion Curetta strual Aspi r (Specify)			
		edures, answer the fo	• .			Was the f	etus viab			ver the follow	ing question. at least 20 weeks?	
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi-		ng questic	ons.	Was the fe	-	n the best	-	es, complete t y to survive?	the following questions.	
	ired the	determination that procedure to avert of					that requ	aired the			pregnant woman had a h or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nar	ne of the	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	_	an 12/2018		Physicia	an estimat	e of gestation 8	(in week.	s)	Post fe	rtilization age	e of the fetus (in weeks)  6	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?					1			
Was a waiver of cons						a waiver of no				Yes	■ No	
Is the patient seeking Full name of physic			g any of the follo	wing'?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
DR. CAROL DELL	INGER											
Address of physicia 200 S. MERIDIAN	-	-		, city, stai	te, and zip	code)						
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

periormed. Each	ialiure to	Tille triis report on	ume as required is a c	iisuemeanoi p	ber IC I	0-34-2-	o(u).					
Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	ncy tern			County of p	oregnancy termination MARION		
Patient's age** 30	Marrie	d ☐ Yes ■ No	Date of pregnancy term <b>07/03/20</b>		Educa	tion	Н	igh Sch	ool Diploma	or GED		
Race American Indian Native Hawaiian Live Births:	n or Othe		☐ Asian ☐ Blacc☐ White ☐ Other		an American	Unl	known er now d	■ Not	ty panic or Latino Hispanic or L <b>0</b>			
Other Termination	ns: N	umber of spontaneou	is terminations			Numb	er of indu	iced term	ninations 1			
Dates of termination		t include this termin	ation. If more than six (6	), those m								
Fetus delivered alive		If yes, length of ti	3. UNKNOWN		4. UNKNOWN		5	preevicti	ng medical cor	oditions of the patient that may		
Yes Yes		if yes, length of th	me ictus suiviveu.				complic	ate the ab	•	rations of the patient that may		
Fetus viable?		If viable, medical	reason for termination:				N/A					
☐ Yes ■	No							Compli	ication(s) of P	regnancy Termination		
							_	lone				
Pathological examin	nation	If yes, results:					_	Iemorrha:	_			
performed?								nfection Other ( <i>Spe</i>	acifu)	Retained Products		
☐ Yes ■	No						ruici (Spe	ecijy)				
							Did this ☐ Yes			ncy result in a maternal death?		
			Туре	of Termi	nation Procedur	res						
Procedure that Term	ninated P	regnancy	31		Additional Pr		that Ten	ninated F	Pregnancy			
☐ Medical (Nonsi					☐ Medical							
Medical (Nonsi					☐ Medical ☐ Medical		rgical) M					
	a1810a1)	omer (specify)				(1 (01154)		ener (Spe				
For Medical (Nonsu Check the box indic									answer the foll	lowing question completed		
		uctions provided to	the patient					_	ovided to the	patient		
The patient sign  Medical (Surgional Control of the patient sign)					☐ The patie							
☐ Medical (Surgi	cal) Mer	strual Aspiration			☐ Medical	(Surgica	al) Mens	trual Asp	iration			
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgica	al) Other	(Specify	)			
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical	(Surgica	ıl) proced	ures, ans	wer the follow	ring question.		
		e a post fertilization	age at least 20 weeks?					a post fe	ertilization age	e at least 20 weeks?		
	■ No tion was	answered ves comn	lete the following question	ns	_	∕es □	_	swered v	ves complete:	the following questions.		
Was the fetus given				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	-			ity to survive?			
□Yes [	No					Yes [			,			
			the pregnant woman							e pregnant woman had a		
the pregnant woman		procedure to avert of	leath or serious impairm	ent to	condition the pregnan			orocedure	e to avert deat	th or serious impairment to		
					1 18.3.							
List the name of the	sooond d	oator progent, as requi	ired under IC 16-34-2-3(a)	v(2)	List the nom	o of the	second d	oator pra	gant as raqui	red under IC 16-34-2-3(a)(3)		
N/A	Second d	octor present, as requ	ired under IC 10-34-2-3(a)	)(3)	List the nam	ie or the	second c	octor pre	esciii, as requii	red dilder ic 10-34-2-3(a)(3)		
Date last normal me	_		Physicia	an estimat	e of gestation (i	in weeks		Post f	fertilization ag	e of the fetus (in weeks)		
How were the gestar		28/2018	on aga datarmin - 40		10					8		
ULTRASOUND	tionai age	e and post fertifization	m age determined?									
Was a waiver of cons	sent obtain	ned?	s • No	Was	a waiver of not	tification	n obtaine	d?	Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	any of the following?	☐ Abı	used	□ C	oerced		Harassed	☐ Trafficked		
Full name of physic	_	rming termination										
DR. CAROL DELL		ning termination (	mber and street, city, sta	to and =:-	code)							
200 S. MERIDIAN	-	-		ье, апа хір	coue)							
**Date Reported	to DCS	if Patient under	6 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Facility Name and A	Facility Name and Address PIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46:						ncy terr	nination IS		County of		ry termination  RION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
26	_	Yes No	(	07/03/20 <sup>-</sup>	18					Grade or Le	ess	
Race American India Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Blac ■ Othe		an American		known	☐ Not I	y anic or Latin Hispanic or I		☐ Unknown
Live Births:	N	umber now living	3				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations 1		
Dates of termination  1. UNKNOWN	ns (Do no	ot include this termin				ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin		nditions o	of the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of F	regnancy	y Termination
Li res	NO								None		_	e Perforation
									Hemorrhag	ge 🗆	Cervic	al Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retain	ed Products
☐ Yes ■	No						Other (Spec	cify)				
										ncy resul	t in a maternal death?	
								☐ Ye	es 🔳 N	0		
				Туре	of Termi	nation Procedur	res					
Procedure that Term		• •				Additional Pr						
☐ Medical (Nonsi									Mifepriston Misoprostol			
Medical (Nons									Other (Spec			
For Medical (Nonsu				estion		For Medical (						
Check the box indic	_	-	-			Check the bo		_	_	items were ovided to the	_	d
☐ The manufactur☐ The patient sign		ructions provided to tient agreement	tne patient						atient agree		patient	
Medical (Surgi	cal) Suc	tion Curettage							ion Curetta			
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi er (Specify)			
	cui) oui	a (Specify)				Micalcar	(Surgio	ur) our	л (Бресцу)			
For Medical (Surgic						For Medical (						
	ie or navo	e a post fertilization	age at least 20 v	weeks?			tus viab		e a post iei	rtilization age	e at least	20 weeks?
		answered yes, comp		ng questio	ns.	If the previou	ıs questi	on was a	answered ye	es, complete	the follo	wing questions.
	n the best ☐No	opportunity to surviv	ve?				us given Yes 🏻		t opportunit	ty to survive?	1	
		datamaination that	the present	aman l	d			_				
		determination that procedure to avert of										ant woman had a ious impairment to
the pregnant woman	n?					the pregnan						-
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requi	red unde	er IC 16-34-2-3(a)(3)
N/A				l pi		<u> </u>		`				
Date last normal me	_	an KNOWN		Physicia	an estimat	e of gestation (i	ın weeks	i)	Post fe	ertilization ag	ge of the f	fetus (in weeks)
How were the gesta			on age determin	ed?								
ULTRASOUND												
Was a waiver of cons	sent obtain	ned? Yes	: I N	No	Was	a waiver of not	tification	n obtain	ed?	Yes	■ No	 )
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abı	ısed	□ C	oerced		Harassed	T	rafficked
Full name of physic	-	rming termination										
DR. CAROL DELL Address of physicia		ning termination (m.	mher and street	t city stat	te and sin	code)						
200 S. MERIDIAN	-	=		., cuy, sial	, ана ДР	couc <sub>j</sub>						
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Facility Name and Address pin-georgetown or (ppgi) - 8590 georgetown road, indianapolis, in, 462					town, of p	-	cy term			County of	pregnancy termination MARION
Patient's age** 30	Marrie	ed ☐ Yes ■ No	Date of pregna	ancy term 07/03/20		F	ducatio	on		Mas	ster's Degre	ee
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ■ White	☐ Blac	k or Afric	an Americ	[	Unk		■ Not I	y anic or Latin Hispanic or L	
Live Births:		umber now living	0						er now d		0	
Other Termination	15.	umber of spontaneou	0					Numbe	er of ind	aced termi	nations <b>0</b>	
Dates of termination	ns (Do no	ot include this termin	·	an six (6	), those me	ost recent.	)					
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:		4				preexisting preexi	-	nditions of the patient that may
F / 11.0		70 : 11 I: 1	6 4	. ,.					N/A			
Fetus viable?  ☐ Yes ■	No	If viable, medical	reason for term	nation:						Vone		Pregnancy Termination Uterine Perforation
Pathological examir	nation	If yes, results:								Hemorrhag nfection	ge 🗀	Cervical Laceration  Retained Products
performed? ☐ Yes ■	No									other (Spec	_	Retained Froducts
								Did this			ncy result in a maternal death?	
		•		Tyme	of Termin	nation Pro	cedure	- L	-			
Procedure that Term	ninated P	regnancy		1 ypc	. 01 1011111				that Ter	minated Pi	regnancy	
Medical (Nons	urgical)	Mifepristone				□ Ме	dical (1	Nonsur	gical) N	lifepriston	ie	
Medical (Nonsi										lisoprostol ther (Spec		
For Medical (Nonsu Check the box indic	cating the		ere completed	stion		Check t	he box	indicat	ting the	following	nswer the fol items were o	=
The patient sign						_				tient agree		r ··· ·
Medical (Surgi	cal) Mei	nstrual Aspiration				☐ Me	dical (S	Surgica	l) Mens	on Curetta strual Aspi (Specify)	ration	
For Medical (Surgic	al) proof	duras anguar tha fo	llovvina avosti o			F M	1' 1 (0		1)		41 C 11	<del></del>
Was the fetus viab		e a post fertilization	• .				,	ıs viable				ving question. e at least 20 weeks?
	the best	answered yes, comp opportunity to survi-		g questic	ons.	Was th	ne fetus	•	the best		es, complete ty to survive?	the following questions.
	iired the	determination that procedure to avert of				condit	ion tha		red the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	0(3)	List the	name	of the s	second o	loctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	an estimate	e of gestat	ion (in	weeks)	)	Post fe	ertilization ag	e of the fetus (in weeks)  5				
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons					Was	a waiver o	of notif				Yes	■ No
Is the patient seeking			any of the follo	wing?	Abu	ised	ļ	☐ Co	perced		Harassed	☐ Trafficked
Full name of physic DR. CAROL DELL	_	rming termination										
Address of physicia	n perforr	-		city, sta	te, and zip	code)						
200 S. MERIDIAN	ST, IND	DIANAPOLIS, IN 40	6225									
**Date Reported	*Date Reported to DCS, if Patient under 16 (month, day, year):											

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Facility Name and A	Address	500 GEORGETOWN POA	D INDIANAPOLIS	IN 46268	City or	town, of pregna	ncy ter	mination		County of p	oregnancy t	ermination
	(1.10.)	oso cenceroun non	D, INDIANAI OLIO,	111, 40200		INDIAN	NAPOL	.IS			MARI	ON
Patient's age** 29	Marrie	ed □ Yes ■ No	Date of pregn	•		Educa	tion	ш	iah Scho	ol Diploma	or GED	
Race	1		'	07/03/20 <sup>-</sup>	10				Ethnicity			
☐ American Indian☐ Native Hawaiian☐			Asian White	☐ Blac		an American	□ Un	ıknown		anic or Latino Hispanic or L		Unknown
Live Births:	N	Jumber now living	0					per now d		0		
Other Termination	ns:	Jumber of spontaneou					Numl	per of ind	uced termi			
Dates of termination	ns (Do no	ot include this termin	ation. If more ti	han six (6	), those m	ost recent.)						
1		2.				4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					preexisting preexisting preexisting preexisting preexisting and preexisting pr		nditions of th	ne patient that may
								N/A				
Fetus viable?		If viable, medical	reason for term	ination:								
☐ Yes ■	No								Complic None	cation(s) of P		
									vone Iemorrhag	je □		erforation Laceration
Pathological examir performed?	nation	If yes, results:							nfection		Retained	Products
Yes •	No						Other (Spec	cify)				
							Did this			ncy result in	a maternal death?	
		1		notion D 1	rac		. Ц 11	-				
Procedure that Term	ninated F	Pregnancy		Туре	or rermi	nation Procedur  Additional Pr		e that Ter	minated P	regnancy		
Medical (Nons	urgical)	Mifepristone				☐ Medical	(Nonsu	ırgical) M	lifepriston	e		
Medical (Nonsi									lisoprosto other (Spec			
	,						`	,				
,	-	rocedures, answer th	0 1	estion		For Medical (						tion
	_	e following items we ructions provided to	_			Check the bo		_	_	items were c	-	
■ The patient sign									tient agree			
☐ Medical (Surgi		etion Curettage nstrual Aspiration							on Curetta strual Aspi			
Medical (Surgi									r (Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questio	n.		For Medical	(Surgical	al) proced	lures, answ	ver the follow	ring question	n.
<u> </u>	le or hav □ No	e a post fertilization	age at least 20 v	weeks?		Was the fet  ☐ Y		le or have	e a post fei	tilization age	at least 20	weeks?
If the previous ques	tion was	answered yes, comp		ng questio	ns.	If the previou	_	_	nswered y	es, complete	the following	ng questions.
	n the best □No	t opportunity to survi	ve?				us giver Yes [		opportunit	y to survive?		
What was the ba	sis for	determination that	the pregnant	woman ł	nad a	What was	the ha	esis for	determinat	tion that the	nregnant	woman had a
	iired the	procedure to avert				condition tl	hat requ	aired the				s impairment to
the pregnant woman						the pregnan	t woma	11 ?				
List the name of the	accord à	lo ator procent, as ross	irad undar IC 16	24.2.2(a)	(2)	List the name	a af tha	s account a	looton muos	ant og ragui	nad umdan I	C 16 24 2 2(a)(2)
List the name of the	second c	loctor present, as requ	ired under ic 16	)-34-2-3(a)	(3)	List the nam	e or the	e second c	loctor pres	sent, as requi	rea unaer r	C 16-34-2-3(a)(3)
Date last normal me	-			Physicia	n estimat	e of gestation (i	in week.	s)	Post fe	rtilization ag		ıs (in weeks)
How were the gesta		/07/2018 ge and post fertilization	on age determin	ed?		7					5	
ULTRASOUND	tionar ag	c and post fertifization	ni age determini	cu:								
Was a waiver of cons	sent obtai	ined?	s 🔳 N	lo	Was	a waiver of not	tificatio	n obtaine	d?	Yes	■ No	
Is the patient seeking	an abort	ion as a result of being	g any of the follo	wing?	☐ Abu	ısed		Coerced		Harassed	☐ Traf	ficked
Full name of physic	-	-										
DR. CAROL DELL Address of physicia		ming termination (nu	mber and street	t, city, stat	e, and zip	code)						
200 S. MERIDIAN	-	=										
**Date Reported	to DCS	S, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590	0 GEORGETOWN ROAL	City or	town, of pregna	•			County of p	oregnancy termination  MARION	
Patient's age** Married		Date of pregnancy	termination	Educa	tion				
	Yes I No	07/03	3/2018			So	me Colle	ege, No D	egree
Race American Indian or Alaska Native Hawaiian or Other	Pacific Islander	= =	Black or Afric	can American	Unl	known	Not His	c or Latino panic or La	
Live Births:	mber now living	3				er now decea		0	
Other Terminations: Nur	mber of spontaneou	s terminations 0			Numb	er of induced	d terminat	ions <b>2</b>	
Dates of terminations ( <i>Do not</i> <sub>1.</sub> <b>12/12/2017</b> 2.	include this termine 10/05/2015	ation. If more than s				5			6
Fetus delivered alive?  Yes No	If yes, length of tin	me fetus survived:				List any pre complicate	_		ditions of the patient that may
						N/A			
Fetus viable?  Yes No	If viable, medical	reason for termination	on:			C	omplicati	on(s) of Pr	regnancy Termination
163 110						■ None	_		Uterine Perforation
						☐ Hem	orrhage		Cervical Laceration
Pathological examination performed?	If yes, results:					☐ Infec	ction		Retained Products
☐ Yes ■ No						Othe	er (Specify	·)	
							of pregnan	cy result in a maternal death?	
						Yes	■ No		
		,	Type of Term	ination Procedur	res				
Procedure that Terminated Pre	egnancy			Additional Pr	ocedure	that Termin	ated Preg	nancy	
☐ Medical (Nonsurgical) M ☐ Medical (Nonsurgical) M						rgical) Mifer			
Medical (Nonsurgical) O						rgical) Other		)	
For Medical (Nonsurgical) pro	ocedures, answer the	e following question		For Medical (	Nonsurg	gical) proced	ures, ansv	ver the follo	owing question
Check the box indicating the f	•	•		Check the bo	x indica	ting the foll	owing ite	ms were co	ompleted
☐ The manufacturer's instruction ☐ The patient signed the patient		the patient				er's instruction ed the patien	-	-	patient
Medical (Surgical) Suction						al) Suction (		iit .	
Medical (Surgical) Mens	strual Aspiration			☐ Medical	(Surgica	al) Menstrua	al Aspirat	ion	
Medical (Surgical) Other	(Specify)			☐ Medical	(Surgica	al) Other (Sp	pecify)		
For Medical (Surgical) proced	lures, answer the fol	lowing question.		For Medical (	(Surgica	l) procedure	s, answer	the followi	ing question.
Was the fetus viable or have	a post fertilization a	ige at least 20 weeks	s?				ost fertil	zation age	at least 20 weeks?
Yes No If the previous question was ar	nswered ves. compl	ete the following au	estions.	If the previou		] No on was answ	ered ves.	complete t	he following questions.
Was the fetus given the best o				_	-	the best opp	-	-	<i>C</i> 1
☐ Yes ☐ No					Yes _	No			
What was the basis for de									pregnant woman had a
condition that required the pathe pregnant woman?	procedure to avert d	eath or serious imp	airment to	the pregnan			edure to	avert death	h or serious impairment to
List the name of the second	otor proport of '	rad under IC 1C 24 2	2(2)(2)	List the	a of 41	second desi	or proc	t ac ****	rad undar IC 16 24 2 2(-)(2)
List the name of the second doc <b>N/A</b>	cioi pieseni, as requi	10-34-2	-3(a)(3)	List the nam	c or the	second doct	oi presen	i, as requir	red under IC 16-34-2-3(a)(3)
Date last normal menses begar	n	Phy	ysician estima	te of gestation (i	n weeks	)	Post ferti	lization age	e of the fetus (in weeks)
UNK	NOWN			12					10
How were the gestational age	and post fertilizatio	n age determined?					_		
ULTRASOUND									
Was a waiver of consent obtaine				a waiver of not				Yes	■ No
Is the patient seeking an abortion		any of the following	? ☐ Ab	used	⊔ C	oerced	I	Harassed	☐ Trafficked
Full name of physician perform DR. CAROL DELLINGER	ming termination								
Address of physician performi	ing termination (nun	nber and street, city	, state, and zij	o code)					
200 S. MERIDIAN ST, INDIA	-								
**Date Reported to DCS,	if Patient under 1	6 (month, day, year	·):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Adress					town, of pregna			- (-)-	County of	regnancy	termination
PPIN-GEORGETOWN OR	(PPGI) - 8	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City of	INDIAN	-			County of p	MAR	
Patient's age**	Marrie		Date of pregr	•		Educa	tion		ii a la Cala	- I D'I	OED	
Race	L	Yes No		07/03/20 <sup>-</sup>	18			Н	Ethnicit	ool Diploma	or GED	
☐ American Indian ☐ Native Hawaiian			☐ Asian ☐ White	■ Blac		an American	ППг	nknown	☐ Hisp	anic or Latino Hispanic or L		Unknown
Live Births:		fumber now living	1		<u>, , , , , , , , , , , , , , , , , , , </u>			ber now d		0 0	atmo	Clikilowii
Other Termination	ns: N	umber of spontaneo					Numl	ber of ind	uced termi	inations		
Dates of termination	ns (Do no	ot include this termir	ation. If more t	han six (6	), those m	ost recent.)				0		
1	2	2	3			4		5			6	
Fetus delivered alive		If yes, length of to	ime fetus surviv	red:					preexisting preexi		nditions of	the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	nination:				-	Compli	cation(s) of P	regnancy '	Termination
	NO							<b>■</b> 1	None		-	Perforation
Data to the state of		TC I						I	Hemorrhag	ge 🔲	Cervical	l Laceration
Pathological examin performed?	ation	If yes, results:				I	nfection		Retained	d Products		
☐ Yes ■	No						Other (Spe	cify)				
						Did thi			ncy result	in a maternal death?		
		1		nation Procedu	rac							
Procedure that Term	ninated P	regnancy		Турс	Additional Pr		e that Ter	minated P	regnancy			
☐ Medical (Nonsi									//ifepristor			
Medical (Nonsi	urgical)	Misoprostol					(Nonsu	irgical) N	Aisoprosto Other (Spec	1		
I Wedical (Nolls)	uigicai)	Other (specify)				Wiculcar	(INOIISC	iigicai) C	otilei (Spec	<i>-ijy)</i>		
F Mlil (N	:1\-			4:		F M-di1	O.I	:1)				4:
For Medical (Nonsu Check the box indic				estion		For Medical ( Check the bo				items were c		SHOII
The manufactur			the patient			=				ovided to the	patient	
☐ The patient sign ☐ Medical (Surgion						☐ Ine patie			tient agree			
☐ Medical (Surgion	cal) Mei	nstrual Aspiration					(Surgio	cal) Mens	strual Aspi	iration		
Medical (Surgi	cal) Oth	er (Specify)				Medical	(Surgio	cal) Othe	r (Specify)			
For Medical (Surgic	al) proce	edures, answer the fo	ollowing question	n.		For Medical						
	le or hav No	e a post fertilization	age at least 20	weeks?			tus viat 'es [		e a post fe	rtilization age	at least 20	) weeks?
If the previous quest		answered yes, comp	lete the followi	ng questic	ons.	_	-	_	nswered y	es, complete	the follow	ing questions.
		opportunity to survi	ve?						opportuni	ty to survive?		
	□No						Yes [					
		determination that procedure to avert										t woman had a
the pregnant woman	1?					the pregnan			1			1
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	)(3)	List the nam	e of the	e second	doctor pre	sent, as requi	red under	IC 16-34-2-3(a)(3)
Date last normal me	meac had	an		Dhygigir	an estimat	e of gestation (i	in waak	·e)	Doct fo	artilization ag	a of the fe	tus (in weeks)
Date last normal me	_	/13/2018		1 mysicie	an estimat	12	n week	3)	1 031 10	atimzation ag	10	ius (iii weeks)
How were the gestar	tional ag	e and post fertilization	on age determin	ied?								
ULTRASOUND												
Was a waiver of cons						a waiver of not			ed?	Yes	■ No	
Is the patient seeking			g any of the follo	owing'?	☐ Abı	ısed	⊔ (	Coerced		Harassed	☐ Tra	afficked
Full name of physic DR. CAROL DELL	-	orming termination										
Address of physician		ming termination (nu	umber and stree	t, city, stai	te, and zip	code)						
200 S. MERIDIAN	ST, INC	DIANAPOLIS, IN 4	6225									
**Date Reported	to DCS	, if Patient under	16 (month, day	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268							mination		County of J	-	y termination
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
19		Yes No		07/13/20 <sup>-</sup>	18			1		ollege, No D	egree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		nknown	■ Not l	y anic or Latino Hispanic or L		☐ Unknown
Live Births:	N	umber now living	1				Numl	ber now d	eceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numl	ber of ind	uced termi	nations <b>0</b>		
Dates of termination	ns ( <i>Do no</i>	t include this termin	nation. If more to	han six (6	), those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					preexisting preexi		ditions of	f the patient that may
Estas adable?		If-::-1:	£t	.:				N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:					Compli	cation(s) of P	regnancy	Termination
								_	None	_		e Perforation
Pathological examir	nation	If yes, results:							Hemorrhag nfection	je ∐		al Laceration ed Products
performed? ☐ Yes ■	No								ntection Other ( <i>Spe</i>	_	Ketaiii	a Floducis
L res	NO						(1	307				
						Did this			ncy result	t in a maternal death?		
				Туре	nation Procedu	res						
Procedure that Term	ninated P	regnancy		21	Additional Pr	rocedur	e that Ter	minated P	regnancy			
Medical (Nons									lifepriston			
☐ Medical (Nons) ☐ Medical (Nons)									Aisoprosto Other (Spec			
For Medical (Nonsu	rgical) pi	rocedures, answer th	e following que	estion		For Medical (	(Nonsui	rgical) pro	cedures, a	nswer the foll	owing qu	uestion
Check the box indic	-	_	_			Check the bo		-	_		-	i
The manufactur		uctions provided to tient agreement	the patient						tient agree		patient	
Medical (Surgi	cal) Suc	tion Curettage				☐ Medical						
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)				☐ Medical ☐ Medical	(Surgio	cal) Mens cal) Other	strual Aspi r <i>(Specify)</i>	ration		
	,	1 337						,	1 337			
- M 1: 1/G	1	1										<del></del>
For Medical (Surgic		edures, answer the for e a post fertilization				For Medical Was the fe				ver the follow tilization age		
☐ Yes	■ No	•				☐ Y	es [	No				
If the previous ques		answered yes, comp opportunity to survi		ng questio	ons.	_	-		-	es, complete by to survive?		wing questions.
	□No	opportunity to survi	, , ,				Yes [		оррогини	y to survive:		
		determination that procedure to avert										nt woman had a
the pregnant woman		procedure to avert (	double of scrious	, ուսիաույլ	C111 10	the pregnan			procedure	w avert deal	ii of seri	ous impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second d	loctor pres	sent, as requi	red under	r IC 16-34-2-3(a)(3)
N/A												
Date last normal me	_	an <b>29/2018</b>		Physicia	an estimat	e of gestation (i	in week	(s)	Post fe	ertilization ag	e of the f	etus (in weeks)
How were the gesta			on age determin	ed?		•						
ULTRASOUND												
Was a waiver of cons	sent obtain	ned? Yes	s • N	No	Was	a waiver of not	tificatio	n obtaine	d?	Yes	■ No	)
Is the patient seeking			g any of the follo	owing?	☐ Abı	ısed		Coerced		Harassed	☐ Tı	rafficked
Full name of physic DR. CAROL DELL		rming termination					_			·		
Address of physicia		ning termination (nu	mber and stree	t, city, star	te, and zip	code)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 4	6225									
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	.D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•		. ,	County of J	pregnancy t	
Patient's age**	I		Date of pregn	ancy term	ination	Educa						
29	Marrie	ed □ Yes ■ No		07/13/20		Educa	tion	Hi	gh Scho	ol Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Blac		an American		ıknown	■ Not I	anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	1					er now de		0		
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numb	per of indu	ced termi	nations <b>1</b>		
Dates of termination 1. 12/12/2017	ns (Do no	ot include this termin	· ·	` '		The state of the s		5			6	
Fetus delivered aliv		If yes, length of the	ime fetus surviv	red:				complica	preexistin ate the abo		nditions of th	ne patient that may
Fetus viable?		If viable, medical	reason for term	ination:				N/A				
Yes •	No	ii viabic, incurcai	reason for term	illiation.				-	Complic	cation(s) of P	regnancy T	ermination
Pathological examin performed?	nation	If yes, results:						Н	one emorrhag afection	e		erforation Laceration Products
*	No								ther (Spec	cify)		
											ncy result in	a maternal death?
								Yes	■ No	0		
				Туре	of Termi	nation Procedur	res					
Procedure that Term		•				Additional Pr						
☐ Medical (Nons ☐ Medical (Nons								rgical) M				
Medical (Nons								rgical) O				
For Medical (Nonsu Check the box indicent The manufacturent The patient sign	cating the rer's instr	e following items we ructions provided to	ere completed	estion			x indicurates	ating the f	ollowing ctions pro	items were c	ompleted	tion
Medical (Surgi Medical (Surgi Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	eal) Suctional) Mensical) Other	rual Aspi			
		edures, answer the fo				For Medical (  Was the fet	tus viab			ver the follow		
		answered yes, comp opportunity to survi		ng questio	ons.		•	the best	•	es, complete y to survive?		ng questions.
	aired the	determination that procedure to avert					nat requ	ired the p				woman had a s impairment to
List the name of the	second d	octor present, as requ	iired under IC 16	5-34-2-3(a)	0(3)	List the nam	e of the	e second d	octor pres	ent, as requi	red under I	C 16-34-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	n week:	s)	Post fe	rtilization ag	e of the fetu	ıs (in weeks)
	_	KNOWN		13		,			11	,		
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ied?								
Was a waiver of cons	sent obtain	ned?	s I N	No	Was	a waiver of not	ificatio	n obtained	1?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	g any of the follo	owing?	☐ Abı	ısed		Coerced		Harassed	☐ Traf	ficked
Full name of physic DR. CAROL DELL	-	orming termination										
Address of physicia 200 S. MERIDIAN	n perforn	=		t, city, stat	te, and zip	code)						
	,		-									
**Date Reported	to DCS	, if Patient under	16 (month, day	, year):						_		

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Facility Name and A	Facility Name and Address PIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462						ncy teri	mination .IS		County of p	pregnancy termination MARION	
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
22		☐ Yes ■ No	(	07/13/201	18			H		ool Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or La		
Live Births:	N	umber now living	1				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of ind	uced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more to	han six (6	), those m	ost recent.)						
1		T				4		5			6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may	
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:					Compli	cation(s) of P	regnancy Termination	
								•	None		Uterine Perforation	
Pathological examin	nation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration	
performed?	iation	ii yes, resuits.						_	Infection		Retained Products	
☐ Yes ■	No							ш	Other (Spec	cify)		
							Did thi ☐ Ye			ncy result in a maternal death?		
				Tymo	nation Procedur	rec						
Procedure that Term	ninated P	regnancv		1 уре	OI ICIIIII	Additional Pr		e that Te	minated P	regnancy		
☐ Medical (Nonsi		•							Mifepriston			
☐ Medical (Nonsi									Misoprosto Other (Spec			
I Wiedical (Wonst	urgicur)	other (speetyy)				Wiedicar	(1101134	igicui) (	other (spec	97)		
For Medical (Nongu	raiaal) n	rocedures, answer the	o following aug	ation		For Madical (	Nongur	raigal) pr	aaduras a	nawar tha fall	lowing question	
		e following items we		SHOII		Check the bo						
		uctions provided to	the patient						-	ovided to the j	patient	
The patient sign  Medical (Surgi									itient agree ion Curetta			
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration		
Medical (Surgion	cal) Oth	er (Specify)				Medical	(Surgic	al) Othe	r (Specify)			
		edures, answer the fol				For Medical (						
	le or have	e a post fertilization a	age at least 20 v	weeks?		Was the fet		le or hav  No	e a post fe	rtilization age	e at least 20 weeks?	
	_	answered yes, compl	lete the following	ng questio	ns.	_			nswered y	es, complete t	the following questions.	
	the best No	opportunity to surviv	ve?				ıs giver Yes [		opportunit	ty to survive?		
				,	,							
condition that requ	ired the	determination that procedure to avert d									e pregnant woman had a th or serious impairment to	
the pregnant woman	n?					the pregnan					•	
	second de	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
N/A  Data last normal ma	maga L	on.		Dh	n cation	a of gost-till	m 1	a )	D C	retilizati -	o of the feture (in the late)	
Date last normal me	_	an <b>27/2018</b>		rnysicia	ui estimat	e of gestation (i	п wеек:	· <i>)</i>	POST 16	aunzauon ag	ge of the fetus (in weeks)  5	
How were the gestar	tional ago	e and post fertilization	on age determin	ed?					L			
ULTRASOUND												
Was a waiver of cons						a waiver of not			ed?	Yes	■ No	
		on as a result of being	any of the follo	wing?	☐ Abı	ısed	☐ C	Coerced		Harassed	☐ Trafficked	
Full name of physic DR. CAROL DELL	-	rming termination										
		ning termination (num	mber and street	t, city, stat	e, and zip	code)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	5225									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

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Facility Name and A	Facility Name and Address PIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462						ncy teri	mination		County of J	pregnancy terr	
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
24	_	Yes No		07/13/20 <sup>-</sup>			_	H	ligh Scho	ool Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		known	■ Not I	y anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	2				Numb	er now o	leceased	1		
Other Termination	ns:	umber of spontaneou	us terminations				Numb	per of ind	luced termi	nations 2		
Dates of termination 1. 2016			ation. If more to		), those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin		nditions of the	patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Terr	nination
	110							•	None		Uterine Per	foration
D. 1. 1. 1. 1. 1.		70 1							Hemorrhag	ge 🔲	Cervical La	ceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained Pr	oducts
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a	maternal death?
		1						☐ Ye	s 🔳 N	U		
				Type	of Termi	nation Procedur		=				
Procedure that Term		• •				Additional Pr			rminated Pi Mifepriston			
☐ Medical (Nons) ☐ Medical (Nons)	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) N	Misoprosto	l		
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)		
				_								
For Medical (Nonsu Check the box indic				estion		For Medical ( Check the bo		_ , 1			lowing question ompleted	n
☐ The manufactur	rer's instr	ructions provided to	-			☐ The man	ufactur	er's instr	uctions pro	vided to the	-	
The patient sign									atient agree			
■ Medical (Surgi ■ Medical (Surgi		tion Curettage istrual Aspiration							ion Curetta strual Aspi			
☐ Medical (Surgi							(Surgic	al) Othe	er (Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questic	n.		For Medical (	(Surgica	al) proce	dures, answ	ver the follow	ring question.	
		e a post fertilization	age at least 20	weeks?					e a post fei	rtilization age	at least 20 w	eeks?
☐ Yes  If the previous ques	■ No tion was	answered yes, comp	lete the following	ng questio	ons.		es [ s guesti		nswered v	es, complete	the following	questions.
Was the fetus given	the best	opportunity to surviv		<i>C</i> 1		Was the fett	us give <u>r</u>	the best	-	ty to survive?	_	1
☐ Yes [	□No						Yes [	」No				
		determination that procedure to avert of										oman had a
the pregnant woman		procedure to avert	assum of solious	, impuitill		the pregnan			procedure	to avert deal	ii oi seiious i	impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC	16-34-2-3(a)(3)
N/A						<u> </u>						
Date last normal me	_	an KNOWN		Physicia	an estimat	e of gestation (i	n weeks	5)	Post fe	ertilization ag	e of the fetus	in weeks)
How were the gesta			on age determin	ed?		<u> </u>					<u> </u>	
ULTRASOUND												
Was a waiver of cons	sent obtain	ned?	s • N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Traffic	ked
Full name of physic	-	rming termination			<u> </u>			<u> </u>				
DR. CAROL DELL Address of physicia		ning termination (mu	mher and street	t city stat	te and sin	code)						
200 S. MERIDIAN	-	=		, cuy, siai	.с, ана хір	coue)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):						_		

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination  MARION
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educa	tion				
19		☐ Yes ■ No	(	07/13/20 <sup>-</sup>	18			ŀ		ol Diploma	or GED
Race American Indiar Native Hawaiiar	n or Othe	er Pacific Islander	Asian White	☐ Blac		an American		known	■ Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	0				Numb	er now c	leceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 0	
Dates of termination	ns (Do no	ot include this termin	ation. If more ti	han six (6	), those m	ost recent.)					
1		2				4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
F ( 1110		76 : 11 1: 1	<u> </u>					N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination
								• 1	None		Uterine Perforation
Pathological examin	nation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration
performed?	iation	ii yes, resuits.						_	Infection		Retained Products
☐ Yes ■	No							□ '	Other (Spec	cify)	
								Did thi ☐ Ye			ncy result in a maternal death?
				Trmo	of Torm:	nation Procedur	rec				
Procedure that Term	ninated P	regnancy		1 уре	OI ICIIIII	Additional Procedure		that Te	minated P	regnancy	
Medical (Nonsu		•						Mifepriston			
Medical (Nonsu									Misoprosto Other (Spec		
ivicalcal (Nonst	urgicar)	Other (Specify)				Wiedicar	(1voiisu	igicai) (	other (spec	.( <i>jy)</i>	
For Medical (Name)	raical) m	raaaduraa anguvar th	a fallowing ava	ation		For Madical (	Manaum	aisol) mr	andura a	navvar tha fall	lowing question
		rocedures, answer the following items we		Stion		Check the bo					
		ructions provided to	the patient						-	ovided to the	patient
The patient sign									itient agree ion Curetta		
Medical (Surgio	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration	
Medical (Surgio	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)		
		edures, answer the fo				For Medical (	_				
	le or havo ☐ No	e a post fertilization	age at least 20 v	weeks?		Was the fet  ☐ Y		le or hav  No	e a post fer	rtilization age	e at least 20 weeks?
		answered yes, compl	lete the following	ng questio	ns.	_			inswered y	es, complete	the following questions.
	the best No	opportunity to surviv	ve?				us giver Yes [		opportunit	ty to survive?	
								_			
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to
the pregnant woman	1?					the pregnan			1		1
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Details :				Di · ·		<u> </u>		- \	D · c		
Date last normal me	_	an <b>20/2018</b>		Pnysicia	ın estimat	e of gestation ( <i>i</i>	n weeks	5)	Post fe	erunzation ag	e of the fetus (in weeks) 3
How were the gestat		e and post fertilization	on age determin	ed?					1		
ULTRASOUND											
Was a waiver of cons						a waiver of not			ed?	☐ Yes	No No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physics  DR. CAROL DELL	-	rming termination									
		ning termination (nu	mber and street	t, city, stat	te, and zip	code)					
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	6225								
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address	90 GEORGETOWN ROA	'			town, of pregna	ncy termi	nation		County of 1	-	ey termination
	ı		I D		<u> </u>		NAPOLIS	,		<u> </u>	IVIA	RION
Patient's age**  27	Marrie	d ■ Yes □ No	Date of pregn	ancy term 07/13/201		Educa	tion			th, No Dipl	oma	
Race American India Native Hawaiiai			Asian White	☐ Blac		an American	☐ Unkn	nown		y anic or Latino Hispanic or L		☐ Unknown
Live Births:		umber now living	0				Number			0		
Other Termination	ns: N	umber of spontaneo					Number	of ind	uced termi			
Dates of termination	ns (Do no	t include this termin	nation. If more to	han six (6	), those m	ost recent.)	l					
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:		4			preexisting preexi		o nditions o	of the patient that may
F 4 1110		TC : 11	<u> </u>	•				N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy	y Termination
								_	None			e Perforation
Pathological examin	nation	If yes, results:							Hemorrhag nfection	ge 🔲	'	eal Laceration ned Products
performed?	No								Other (Spe	_	Ketain	cu i roducis
	NO											
							Ī	Did this	s terminati	on of pregnai	ncy resul	t in a maternal death?
							] [	Yes	s • N	0		
				Туре	of Termi	nation Procedur						
Procedure that Tern  Medical (Nons						Additional Pr	rocedure tl (Nonsurg					
Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsurg	ical) N	1isoprosto	l		
Medical (Nons	urgicai)	Otner (Specify)				Medical	(Nonsurg	icai) C	tner (Spec	rify)		
For Medical (Nonsu	ırgical) pı	rocedures, answer th	e following que	estion		For Medical (	(Nonsurgio	cal) pro	cedures, a	nswer the fol	lowing gi	uestion
Check the box indic	cating the	e following items we	ere completed			Check the bo	x indicati	ing the	following	items were c	omplete	
The manufacture The patient sign		uctions provided to tient agreement	the patient			☐ The man ☐ The patie	ent signed				patient	
Medical (Surgi						☐ Medical						
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)					(Surgical)			ration		
For Medical (Surgio	cal) proce	dures, answer the fo	ollowing question	n.		For Medical (	(Surgical)	proced	lures, ansv	ver the follow	ing ques	stion.
		e a post fertilization	age at least 20 v	weeks?		Was the fet	tus viable	or have		rtilization age		
Yes If the previous ques	☐ No tion was	answered yes, comp	lete the following	ng questio	ons.	_	Yes □ is question		nswered y	es, complete	the follo	wing questions.
	n the best ☐ No	opportunity to survi	ve?				us given tl Yes 🏻		opportuni	ty to survive?		
	_	determination that	the present	aman l		_	_					
	aired the	determination that procedure to avert					hat require	ed the				ant woman had a ious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the se	econd o	doctor pres	sent, as requi	red unde	er IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>05/2018</b>		Physicia	an estimat	e of gestation (i	in weeks)		Post fe	ertilization ag		fetus (in weeks)
How were the gesta			on age determin	ed?		7					5	
ULTRASOUND												
Was a waiver of cons						a waiver of not			d?	Yes	■ No	
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed	☐ Coe	erced		Harassed	ПТ	rafficked
Full name of physic DR. CAROL DELL		rming termination										
Address of physicia 200 S. MERIDIAN	n perforn	-		t, city, stat	te, and zip	code)						
	,	===============================	- == *									
**Date Reported	to DCS	if Patient under	16 (month day	war).								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Facility Name and A	Address (PPGI) - 8	590 GEORGETOWN ROA	D, INDIANAPOLIS, I	N, 46268	City or t	town, of p	-	cy tern			County of J	pregnancy termination MARION
Patient's age** 21	Marrie [	ed Yes • No	Date of pregna	ncy term 7/13/20		E	ducati	on		Some Co	ollege, No D	Degree
Race American Indian			Asian	=	ek or Afric	an Americ					anic or Latino	
☐ Native Hawaiiai  Live Births:		umber now living	☐ White	☐ Othe	er			Unk	known er now d		Hispanic or L  0	atino Unknown
Other Termination	ns:	fumber of spontaneou						Numbe	er of ind	uced termi		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	an six (6	), those me	ost recent.	)					
Fetus delivered aliv		If yes, length of ti	me fetus survive	ed:		4				preexisting preexi	-	nditions of the patient that may
									N/A			
Fetus viable?  Yes  Yes	No	If viable, medical	reason for termi	nation:					• 1	Compli	cation(s) of P	regnancy Termination Uterine Perforation
Pathological examin	nation	If yes, results:								Hemorrhag nfection	e 🗆	Cervical Laceration Retained Products
performed?	No									Other (Spec	_	retained Froducts
									Did thi			ncy result in a maternal death?
			Туре	e of Termi	nation Pro	cedure	es					
Procedure that Term										minated P	•	
Medical (Nons Medical (Nons Medical (Nons	urgical)	Misoprostol				☐ Me	dical (	Nonsur	rgical) N	Mifepriston Misoprosto Other (Spec	l	
Check the box indic	cating the rer's insti	rocedures, answer the following items we ructions provided to tient agreement	ere completed	Check t	he box manu	indica facture	nting the er's instru	following	items were covided to the	= -		
Medical (Surgi   Medical (Surgi   Medical (Surgi	cal) Mei	nstrual Aspiration				☐ Me	dical (	Surgica	al) Mens	on Curetta strual Aspi r (Specify)	ration	
Was the fetus viab		edures, answer the fo	• .				,	ıs viabl				ving question.
	the best	answered yes, comp opportunity to surviv		g questic	ons.	Was th	ne fetus	•	the best		es, complete ty to survive?	the following questions.
	iired the	determination that procedure to avert of				condit	ion tha		ired the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	)(3)	List the	name	of the	second o	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	an estimate	e of gestat	ion (in	weeks	)	Post fe	rtilization ag	e of the fetus (in weeks)				
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons						a waiver o	of notif				Yes	■ No
Is the patient seeking Full name of physic			any of the follow	wing!	☐ Abu	isea		<u> </u>	oerced		Harassed	☐ Trafficked
DR. CAROL DELL	INGER											
Address of physicia 200 S. MERIDIAN	-	ming termination (nu planaPOLIS, IN 46		city, sta	te, and zip	code)						
**Date Reported	to DCS	s, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address	90 GEORGETOWN ROA				own, of pregna	ncy terr	nination	, (u).	County of p		
	Т					INDIAN		io			MARI	ON .
Patient's age**  33	Marrie [	d ☐ Yes ■ No	Date of pregn	ancy term 07/13/20		Educa	tion			elor's Degr	ee	
Race ☐ American Indian ☐ Native Hawaiian			☐ Asian ☐ White	☐ Blac ■ Othe		an American	□Un	known		7 anic or Latino Hispanic or La		Unknown
Live Births:	N	umber now living	3		-			er now de		0		
Other Termination	ns: N	umber of spontaneou					Numb	er of indu	iced termi			
Dates of termination 1. <b>09/24/2013</b>		t include this termin UNKNOWN	ation. If more to	han six (6	), those mo	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					preexisting ate the abo		ditions of th	ne patient that may
Estus violalo		If viable, medical	roogan for torm	ination				N/A				
Fetus viable?  Yes	No	if viable, medical	reason for term	ination:					Complic	cation(s) of Pr	regnancy T	ermination
									Vone			Perforation
Pathological examin	ation	If yes, results:						_	Iemorrhag nfection	e 📙	Retained	Laceration Products
performed? ☐ Yes ■	No								other (Spec	cify)	retumeu	Troducts
								Did this	termination	on of pregnan	ev result ir	n a maternal death?
								Yes			icy result ii	i a maternar death?
				Туре	of Termin	nation Procedu	res					
Procedure that Term						Additional Pr						
<ul><li>Medical (Nonsumer)</li><li>Medical (Nonsumer)</li></ul>	ırgical) 1	Misoprostol					(Nonsu	rgical) M	Iifepriston Iisoprostol			
☐ Medical (Nonsu	ırgical) (	Other (Specify)				☐ Medical	(Nonsu	rgical) O	ther (Spec	ify)		
For Medical (Nonsur Check the box indicent The manufactur The patient signs	ating the er's instr	following items we uctions provided to	ere completed	estion		_	x indica	ating the er's instru	following	items were covided to the p	ompleted	ition
☐ Medical (Surgio	cal) Suct	ion Curettage				☐ Medical	(Surgic	al) Suction	on Curetta	ge		
☐ Medical (Surgion Med		strual Aspiration er (Specify)							trual Aspi (Specify)	ration		
For Medical (Surgic Was the fetus viabl		dures, answer the fo	- 1			For Medical (				er the follow		
☐ Yes [ If the previous quest	No					☐ Y	_	] No		a aammiata t	ha fallawin	a a quartiana
Was the fetus given				ng questio	ns.		•	the best	•	y to survive?	ne ioiiowii	ig questions.
What was the bas								_	determinat	ion that the	pregnant	woman had a
condition that requ the pregnant woman		procedure to avert of	death or serious	s impairm	ent to	condition the pregnan			procedure	to avert deat	h or seriou	s impairment to
List the name of the	second do	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second d	loctor pres	ent, as requir	ed under I	C 16-34-2-3(a)(3)
Date last normal me	-	an 19/2018		Physicia	n estimate	e of gestation (i	n weeks	i)	Post fe	rtilization age	e of the fett  5	ıs (in weeks)
How were the gestat	tional age	e and post fertilization	on age determin	ed?								
Was a waiver of cons	ent obtair	ned?	3 <b>I</b> N	lo	Was	a waiver of not	ification	n obtaine	d?	Yes	■ No	
Is the patient seeking	an abortio	on as a result of being	any of the follo	wing?	☐ Abu	sed	□ C	oerced		Harassed	☐ Traf	ficked
Full name of physics DR. CAROL DELL		rming termination										
Address of physician 200 S. MERIDIAN	_	-		t, city, stat	e, and zip	code)						
**Data Papartad	to DCS	if Patient under	16 (month day	vear).								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address	590 GEORGETOWN ROA	•			town, of pregna	ıncy ter	mination		County of pr	regnancy to	
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
Race		Yes No	(	07/13/20 <sup>-</sup>	18			T	Ethnicity	Unknown		
American India	n or Othe	r Pacific Islander	Asian White	■ Blac		an American		nknown	☐ Hispa	y anic or Latino Hispanic or Lat	tino	Unknown
Live Births:	N	umber now living	1				Numl	ber now de	eceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numl	ber of indu	iced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	nation. If more th	han six (6	), those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					preexistin		litions of th	ne patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of Pre	-	ermination Perforation
		70 I						□н	Iemorrhag	e $\Box$	Cervical l	Laceration
Pathological examir performed?		If yes, results:							nfection Other (Spec	cify)	Retained	Products
	INO								. 1			
								Did this			cy result in	a maternal death?
				Tvne	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy		Jr		Additional Pr		e that Terr	minated P	regnancy		
Medical (Nons								ırgical) M				
Medical (Nonsi								ırgical) M ırgical) O				
For Medical (Nonsu	_ , 1		0 1	estion						nswer the follo		tion
Check the box indic		e following items we ructions provided to	-					-	_	items were co	•	
■ The patient sign	ed the par	tient agreement	F			☐ The patie	ent sign	ned the pat	tient agree	ment		
☐ Medical (Surgi ☐ Medical (Surgi		tion Curettage strual Aspiration				☐ Medical ☐ Medical		cal) Suctional) Mens				
Medical (Surgi						☐ Medical	(Surgio	cal) Other	(Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	ollowing question	n.		For Medical	(Surgic	al) proced	ures, answ	ver the following	ng questio	n.
		e a post fertilization	age at least 20 v	weeks?			tus viab 'es [		e a post fei	rtilization age a	at least 20	weeks?
Yes If the previous ques	_	answered yes, comp	lete the following	ng questio	ns.	_	_		nswered y	es, complete th	ne followir	ng questions.
	the best	opportunity to survi	ve?				us givei Yes [		opportunit	ty to survive?		
What was the ba	sis for	determination that						_	determinat	tion that the	pregnant	woman had a
the pregnant woman		procedure to avert	death or serious	impairm	ent to	condition the pregnan			procedure	to avert death	or seriou	s impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second d	loctor pres	sent, as require	ed under IO	C 16-34-2-3(a)(3)
Date last normal me	_	an <b>25/2018</b>		Physicia	an estimat	e of gestation (i	in week	s)	Post fe	ertilization age	of the fetu	ıs (in weeks)
How were the gesta ULTRASOUND			on age determin	ed?								
Was a waiver of cons	sent obtain	ned?	s I N	lo	Was	a waiver of not	tificatio	on obtained	d?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being			☐ Abı	ısed		Coerced		Harassed	☐ Traf	ficked
Full name of physic DR. CAROL DELL		rming termination										
Address of physicia	n perforn	-		t, city, stai	te, and zip	code)						
200 S. MERIDIAN	SI, IND	NAPOLIS, IN 4	0225									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Balacie   Series   Married   No.   No.   Date of programmy termination of Page 1.   No.   No.   Page 1.   No.	Facility Name and A PPIN-GEORGETOWN OR (	ddress (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	own, of pro	egnancy te			County of p	pregnancy termination MARION
Anticore in Indiana or Alanka   Antivor   Manipulation   Chebral   Other   O	•				•		Ес	lucation		Some Co	ollege, No D	Degree
Date   Complication	☐ American Indian						an America	ın		☐ Hispa	anic or Latino	
Other Terminations   Double of spontaneous terminations   Date of forminations (Pow our should did termination), I more than six (s), does most recent.)				_	☐ Othe	er						atino Unknown
Dates of terminations (Do not challe this termination.) If more thank ist (0), those most recent.]  Fetts delivered alway?    Second   Sec	Other Termination	s: N	umber of spontaneou					Nun	nber of inc	luced termi	nations	
Fetus delivered aliver   No   No   If yes, length of fine fetus survived:     It amp precisiting medical conditions of the patient that may complicate the abortion   NA	Dates of termination	s (Do no	ot include this termin	ation. If more th	an six (6	), those me	ost recent.)	·				
Fernancial Production   Fernancial Programmy result in a maternal death?   Fernancial Procedure that Terminated Pregnancy   Fernancial Procedure that Terminated Pregnancy   Fernancial Procedure that Terminated Pregnancy   Fernancial Programmy   Fernancial Programmy   Fernancial Procedure that Terminated Pregnancy   Fernancial Procedure that Terminated Pregnancy   Fernancial Procedure that Terminated Pregnancy   Fernancial Pregnancy   Fe			If yes, length of ti		ed:		4				-	nditions of the patient that may
Parbological examination performed?   None   Cervical Execution   None   Cervical Execution   None   Cervical Execution   Interest   None   Non									N/A			
Pathological examination performent?   If yes, results:		No	If viable, medical	reason for term	ination:					None		Uterine Perforation
Type of Termination Procedure that Terminated Pregnancy result in a maternal death?   Yes   No   Notice (Nonsurgical) Mispristone   Additional Procedure that Terminated Pregnancy   Additional Procedure (Nonsurgical) Misprostol   Medical (Nonsurgical) Other (Specify)   Procedures, answer the following question   The patient signed the patient agreement   Th	performed?		If yes, results:							Infection		
Type of Termination Procedures    Additional Procedure that Terminated Pregnancy   Additional Procedures answer the following question Check the box indicating the following question Check the box indicating the following items were completed   The manufacturer's instructions provided to the patient   The patient signed the patient angoed the patient angoed the patient angoed the patient angoed the patient procedures, answer the following question.   Was the fetus yieas the patient procedure to avert the following questions.   Was the fetus yieas the best opportunity to survive?   Yes   No   What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?   Press of the fetus (in weeks)   Pre	∐ Yes ■	N0								outer (spec		
Procedure that Terminated Pregnancy												ncy result in a maternal death?
Medical (Nonsurgical) Mispristone   Medical (Nonsurgical) Misprostol   Medical (Nonsurgical) Procedures, answer the following question Check the box indicating the following items were completed   The manufacturer's instructions provided to the patient agreement   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)   Menstrual Aspiration   Medical (Surgical) Procedures, answer the following questions.   Medical (Surgical) Other (Specify)   Menstrual Aspiration   Medical (Surgical) Other (Specify)   Menstrual Aspiration   Medical (Surgical) Other (Specify)   Menstrual Aspiration   Medical (Surgical) Procedures, answer the following questions.   Medical (Surgical) Other (Specify)   Menstrual Aspiration   Medical (Surgical) Other (Specify)   Menstrual Aspiration   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Spe					Туре	e of Termi	nation Proc	edures				
Medical (Nonsurgical) Other (Specify)			• •									
Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The manufacturer's instructions provided to the patient The patient signed the patient agreement Clock (Surgical) Suction Curetage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Surgical) Procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  Author of the second doctor present, as required under IC 16-34-2-3(a)(3)  Date last normal menses began  Physician estimate of gestation (in weeks) The manufacturer's instructions provided to the patient agreement The patient signed the patient agreement Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Surgical) Procedures, answer the following question.  Was the fetus yiable or have a post fertilization age at least 20 weeks? Yes No If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive? Was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  Post fertilization age of the fetus (in weeks) The weet the gestational age and post fertilization age determined?  Was a waiver of notifica	Medical (Nonsu	rgical)	Misoprostol				☐ Med	ical (Nons	surgical)	Misoprosto	l	
Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient											completed
Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No     If the previous question was answered yes, complete the following questions.   Was the fetus given the best opportunity to survive?   Yes   No     Was the fetus given the best opportunity to survive?   Yes   No     What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?    List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)     Date last normal menses began   Physician estimate of gestation (in weeks)   Post fertilization age of the fetus (in weeks)     Date last normal age and post fertilization age determined?    ULTRASOUND   Was a waiver of consent obtained?   Yes   No     No   Was a waiver of notification obtained?   Yes   No     No   Abused   Coerced   Harassed   Trafficked     Full name of physician performing termination (number and street, city, state, and zip code)	Medical (Surgic	al) Mer	nstrual Aspiration					ical (Surg	ical) Men	strual Aspi	ration	
Was the fetus given the best opportunity to survive?    Yes	Was the fetus viable	e or hav		• 1			Was th	e fetus via	ible or hav			• .
condition that required the procedure to avert death or serious impairment to the pregnant woman?  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  Date last normal menses began  O5/23/2018  Physician estimate of gestation (in weeks)  O5/23/2018  Physician estimate of gestation (in weeks)  Thow were the gestational age and post fertilization age determined?  ULTRASOUND  Was a waiver of consent obtained?  Is the patient seeking an abortion as a result of being any of the following?  Abused  Coerced  Harassed  Trafficked  Address of physician performing termination (number and street, city, state, and zip code)	Was the fetus given	the best			ig questic	ons.	Was the	fetus giv	en the bes	•		• •
Date last normal menses began  O5/23/2018  Physician estimate of gestation (in weeks)  T  How were the gestational age and post fertilization age determined?  ULTRASOUND  Was a waiver of consent obtained?  Is the patient seeking an abortion as a result of being any of the following?  Abused  Post fertilization age of the fetus (in weeks)  5  No  Was a waiver of notification obtained?  Yes  No  Is the patient seeking an abortion as a result of being any of the following?  Abused  Coerced  Harassed  Trafficked  Trafficked  Address of physician performing termination (number and street, city, state, and zip code)	condition that requi	ired the					condition	on that rec	quired the			
How were the gestational age and post fertilization age determined?  ULTRASOUND  Was a waiver of consent obtained? Yes No Was a waiver of notification obtained? Yes No  Is the patient seeking an abortion as a result of being any of the following? Abused Coerced Harassed Trafficked  Full name of physician performing termination  DR. CAROL DELLINGER  Address of physician performing termination (number and street, city, state, and zip code)	List the name of the s	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the	name of th	ne second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Was a waiver of consent obtained? Yes No Was a waiver of notification obtained? Yes No Is the patient seeking an abortion as a result of being any of the following? Abused Coerced Harassed Trafficked  Full name of physician performing termination  DR. CAROL DELLINGER  Address of physician performing termination (number and street, city, state, and zip code)	Date last normal mer		Physicia	an estimate	_	on (in wee	ks)	Post fe	ertilization ag			
Is the patient seeking an abortion as a result of being any of the following?		ional ag	e and post fertilization	on age determine	ed?							
Full name of physician performing termination  DR. CAROL DELLINGER  Address of physician performing termination (number and street, city, state, and zip code)												
DR. CAROL DELLINGER  Address of physician performing termination (number and street, city, state, and zip code)				any of the follo	wing?	☐ Abu	ısed		Coerced		Harassed	☐ Trafficked
		-	inning termination									
		-	-		city, sta	te, and zip	code)					
		,										
**Date Reported to DCS, if Patient under 16 (month, day, year):	**D	. Doc	ich.									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 8	590 GEORGETOWN ROA	D, INDIANAPOLIS, I	N, 46268	City or t	town, of pr	-	cy term			County of	pregnancy termination MARION
Patient's age** 25	Marrie	ed Yes • No	Date of pregna	ancy term 07/03/20		Е	ducation	on		Some Co	ollege, No I	Degree
Race American Indian			Asian			an Americ	an				anic or Latin	
☐ Native Hawaiiai		umber now living	White	Othe	er			Unk Numbe	er now d		Hispanic or L	atino Unknown
Other Termination	ns: N	umber of spontaneou	us terminations				1	Numbe	er of ind	iced termi	nations 0	
Dates of termination	ns (Do no	ot include this termin	ation. If more th	an six (6	), those me	ost recent.	)				<u> </u>	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:		4			-	preexisting ate the abo	-	nditions of the patient that may
									N/A			
Fetus viable?  Yes	No	If viable, medical	reason for termi	nation:						Compli	cation(s) of P	Pregnancy Termination  Uterine Perforation
D-4b-lili		If								lemorrhag	ge 🗆	Cervical Laceration
Pathological examir performed?		If yes, results:							_	nfection Other (Spec	cify)	Retained Products
									Did this			ncy result in a maternal death?
			Туре	of Termin	nation Pro	cedure	s					
Procedure that Term									minated Pr			
Medical (Nonsi	urgical)	Misoprostol				☐ Med	dical (Ì	Nonsur	gical) M	lifepriston lisoprosto ther (Spec	l	
The patient sign  Medical (Surgi	eating the rer's instr ed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage nstrual Aspiration	stion		Check the The Mec	manuf patien dical (S	indicat facturer at signe Surgica Surgica	ting the r's instrued the paul) Suction Mens	following	items were covided to the ement age ration	=	
For Medical (Surgic	,		llowing question	n.			`					ving question.
Was the fetus viab ☐ Yes	le or hav ☐ No	e a post fertilization	age at least 20 v	veeks?		Was tl	he fetu Ye	s viable	e or have	e a post fer	rtilization age	e at least 20 weeks?
	the best	answered yes, comp opportunity to surviv		ig questic	ons.	Was th	e fetus	•	the best		es, complete ty to survive?	the following questions.
	ired the	determination that procedure to avert of					ion tha	t requi	red the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	)(3)	List the	name	of the	second o	loctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	an estimate	e of gestati	ion (in	weeks)	)	Post fe	ertilization ag	ge of the fetus (in weeks)				
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?						•		
Was a waiver of cons						a waiver o					Yes	■ No
Is the patient seeking Full name of physic			g any of the follow	wing?	☐ Abu	ised		∐ Cc	perced		Harassed	☐ Trafficked
DR. CAROL DELL	INGER											
Address of physicia 200 S. MERIDIAN	-	-		city, sta	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS, I	IN, 46268	City or t	town, of pregr	ancy ter			County of p	oregnancy termination MARION
Patient's age** 19	Marrie	d Yes No	Date of pregna	ancy term 07/03/20		Educ	ation	н	ligh Scho	ol Diploma	or GED
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an American	□Un	ıknown		y anic or Latino Hispanic or La	
Live Births:	N	umber now living	0	_				per now d		0	_
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of ind	uced termi	nations <b>0</b>	
Dates of termination	ns (Do no	ot include this termin	ation. If more th	an six (6	), those m	ost recent.)	1				
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:		4			y preexistin		ditions of the patient that may
Fetus viable?		If viable, medical	<i>C</i> t	·				N/A			
Yes Yes	No	ii viabie, medicai	reason for term	mauon.					None		regnancy Termination Uterine Perforation Cervical Laceration
Pathological examir performed?		If yes, results:						_ I	Hemorrhag Infection Other (Spec		Retained Products
☐ Yes ■	No								Juici (Spec	Lijy)	
								Did this			ncy result in a maternal death?
				Туре	of Termi	nation Proced	ures				
Procedure that Term	ninated P	regnancy		71		Additional l		e that Ter	minated Pr	regnancy	
Medical (Nonsi	urgical)	Misoprostol				☐ Medica	l (Nonsu	ırgical) N	Mifepriston Misoprostol Other (Spec	l	
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration											ompleted
☐ Medical (Surgi							, ·		r (Specify)		
Was the fetus viab		edures, answer the fo				Was the f	etus viab				ring question. e at least 20 weeks?
	the best	answered yes, compoportunity to surviv		ng question	ons.	Was the fe	-	n the best	-	es, complete t by to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	aired the			e pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	0(3)	List the nai	ne of the	e second o	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an 30/2018	Physicia	an estimat	e of gestation <b>9</b>	(in week.	s)	Post fe	ertilization age	e of the fetus (in weeks) 7	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	n age determine	ed?							
Was a waiver of cons		1 1 60				a waiver of no				Yes	■ No
Is the patient seeking Full name of physic			any of the follo	wing?	☐ Abu	ised		Coerced	L	Harassed	☐ Trafficked
DR. CAROL DELL	-	mining termination									
Address of physicia 200 S. MERIDIAN	-	ning termination (nu		, city, stai	te, and zip	code)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS, IN	I, 46268	City or t	town, of pregna				County of p	oregnancy MAR	termination
Patient's age**	Marrie	d	Date of pregnar	ncy termi	ination	Educa	tion					
18		Yes No	07	7/03/201	8			Н		ol Diploma	or GED	
Race American Indiar Native Hawaiiar	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American	☐ Un	ıknown		7 anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	0				Numl	ber now de	eceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numb	ber of indu	iced termi	nations 0		
Dates of termination	ns (Do no	t include this termin	nation. If more tha	ın six (6),	, those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survived	d:					preexistin		iditions of	the patient that may
E 4 : 11.9		TC : 11						N/A				
Fetus viable?  Yes	No	If viable, medical	reason for termin	iation:					Complia	cation(s) of P	regnancy	Termination
								_	lone Iemorrhag	_		Perforation  Laceration
Pathological examin	nation	If yes, results:							iemorrnag ifection	е <u> </u>		d Products
performed?  Yes	No								Other (Spec	_		
								D. 1 4.		C		11.10
								Did this Yes			icy result i	in a maternal death?
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedur	e that Teri	minated Pi	regnancy		
Medical (Nonsu									lifepriston			
Medical (Nonsu									lisoprostol ther (Spec			
For Medical (Nonsu	rgical) pı	ocedures, answer th	e following quest	tion		For Medical (						estion
Check the box indic	_	_	_			Check the bo		-	_	items were c vided to the	-	
The manufactur  The patient sign			the patient						tient agree		patient	
Medical (Surgio						☐ Medical						
☐ Medical (Surgion Med		strual Aspiration er (Specify)				☐ Medical ☐ Medical	(Surgic	cal) Mens cal) Other	trual Aspi (Specify)	ration		
, ,	,											
For Medical (Surgic	al) proce	dures, answer the fo	ollowing question.			For Medical	(Surgica	al) proced	ures answ	ver the follow	ing questi	
Was the fetus viable	le or have	e a post fertilization				Was the fet	tus viab	ole or have		tilization age		
☐ Yes [ If the previous quest		answered ves comn	lete the following	anestion	ns	_	es [		nswered v	es complete t	the follow	ing questions.
Was the fetus given	the best		-	question		-	•			y to survive?		ing questions.
□Yes [	□No						Yes [	No				
What was the ba condition that requ the pregnant woman	ired the						hat requ	uired the p				t woman had a us impairment to
List the name of the	second de	octor present, as requ	ired under IC 16-3	34-2-3(a)(	(3)	List the nam	e of the	e second d	loctor pres	sent, as requir	red under	IC 16-34-2-3(a)(3)
Date last normal me	_	an 13/2018		Physician	n estimat	e of gestation (i	in week.	s)	Post fe	rtilization ag	e of the fe	tus (in weeks)
How were the gestat			on age determined	1?		-						
Was a waiver of cons	ent obtair	ned?	s 🖪 No		Was	a waiver of not	ificatio	n ohtaine	d?	Yes	■ No	
Is the patient seeking					Abu			Coerced		Harassed		ıfficked
Full name of physics DR. CAROL DELL		rming termination										
Address of physician		ning termination (nu	mber and street, o	city, state	e, and zip	code)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 4	6225									
**Date Reported	to DCS	if Patient under	16 (month day	vear).								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination  MARION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion				
25		Yes No	(	07/03/201	18			ŀ		ool Diploma	or GED
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	Not I	y anic or Latino Hispanic or La	
Live Births:	N	umber now living	0				Numb	er now o	deceased	0	
Other Termination	ns:	umber of spontaneou	is terminations				Numb	per of inc	luced termi	inations 1	
Dates of termination  1. 2017		t include this termin	v			*		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
Fetus viable?		If violate modical	rangan far tarm	ination				N/A			
Yes •	No	If viable, medical	reason for term	iination:					Compli	cation(s) of Pr	regnancy Termination
								•	None		Uterine Perforation
Pathological examin	nation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration
performed?		11 9 65, 1654115.							Infection	المنور	Retained Products
☐ Yes ■	No								Other (Spec	сіƒу)	
								<u></u>			
								Did thi	is terminati es 🔳 N		ncy result in a maternal death?
				Type	of Termi	nation Procedur	res				
Procedure that Term	ninated P	regnancv		1 ypc	01 1011111	Additional Pr		e that Te	rminated P	regnancv	
☐ Medical (Nonsi	urgical)	Mifepristone				☐ Medical	(Nonsu	rgical) l	Mifepriston	ne	
☐ Medical (Nonsi									Misoprosto Other (Spec		
	argrear)	omer (speedy)					(1 (01150	g.vui)	outer (spec	957	
For Medical (Nonsu	rgical) p	rocedures answer th	e following que	ection		For Medical (	Noneur	raical) pr	ocedures a	nswer the foll	lowing question
		e following items we		2511011		Check the bo					
		ructions provided to	the patient						_	ovided to the	patient
The patient sign  Medical (Surgion									atient agree ion Curetta		
Medical (Surgi	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration	
Medical (Surgi	cal) Oth	er (Specify)				Medical	(Surgic	al) Othe	er (Specify)		
For Medical (Surgic						For Medical (					
	le or hav ■ No	e a post fertilization	age at least 20 v	weeks?		Was the fet		le or hav  No	e a post fei	rtilization age	e at least 20 weeks?
	_	answered yes, comp	lete the following	ng questio	ns.	_			answered y	es, complete t	the following questions.
	the best	opportunity to surviv	ve?						t opportunit	ty to survive?	
	_		a		,		Yes [				
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to
the pregnant woman						the pregnan			•		1
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
N/A				D1 · ·				-1	D . c		
Date last normal me	_	an <b>05/2018</b>		Physicia	ııı estimat	e of gestation (i	n weeks	s)	Post fe	aunzation age	e of the fetus (in weeks)  6
How were the gestar	tional ag	e and post fertilization	on age determin	ed?							
ULTRASOUND											
Was a waiver of cons					Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CAROL DELL	-	rming termination									
Address of physician		ning termination (nu	mber and street	t, city, stat	e, and zip	code)					
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	6225								
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS, I	N, 46268	City or t	town, of pregn	ancy ten			County of p	oregnancy termination MARION
Patient's age** 26	Marrie	d ☐ Yes ■ No	Date of pregna	ancy term 07/03/20		Educ	ation		Bach	elor's Degr	ee
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	Asian White	■ Blac		an American		nknown	■ Not I	/ anic or Latino Hispanic or La	
Live Births:		umber now living	1_					per now de		0	
Other Termination	15.	umber of spontaneou	1		· · · ·		Numt	per of indu	cea termi	1 1	
Dates of termination 1. 10/11/2016		UNKNOWN	ation. If more th	an six (6	), those m	ost recent.) 4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				complica	preexistin te the abo		ditions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				N/A			
☐ Yes ■	No								one		Uterine Perforation
Pathological examin	ation	If yes, results:							emorrhag fection	e 📙	Cervical Laceration Retained Products
performed?  Yes	No								ther (Spec	_	
								Did this Yes	termination		ncy result in a maternal death?
				Type	of Termi	nation Procedu	ıres				
Procedure that Term	inated P	regnancy		Jr		Additional F		e that Tern	ninated Pr	regnancy	
Medical (Nonsum Medical (Nonsu	ırgical)	Misoprostol				☐ Medica	l (Nonsu	rgical) M rgical) M rgical) Ot	isoprostol	[	
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)         For Medical (Nonsurgical) procedures, answer the following question       For Medical (Nonsurgical) procedures, answer the following question         Check the box indicating the following items were completed       Check the box indicating the following items were completed         ☐ The manufacturer's instructions provided to the patient       ☐ The manufacturer's instructions provided to the patient         ☐ The patient signed the patient agreement       ☐ The patient agreement											
Medical (Surgion Medical (Surgio	cal) Mei	nstrual Aspiration				☐ Medica	l (Surgic	cal) Suction cal) Menst cal) Other	rual Aspi		
		edures, answer the fo	- 1			Was the fe	etus viab				ing question. at least 20 weeks?
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to surviv		g questio	ons.	Was the fe	-	n the best o	-	es, complete t y to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	aired the p			pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	0(3)	List the nan	ne of the	e second do	octor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	-	an <b>25/2018</b>	Physicia	an estimat	e of gestation (	in week:	s)	Post fe	rtilization age	e of the fetus (in weeks)  6	
How were the gestat	tional ag	e and post fertilization	on age determine	ed?							
Was a waiver of cons						a waiver of no				Yes	■ No
Is the patient seeking  Full name of physics			any of the follo	wing?	☐ Abu	ised		Coerced		Harassed	☐ Trafficked
DR. CAROL DELL	_	inning termination									
Address of physician 200 S. MERIDIAN	-	-		city, sta	te, and zip	code)	_	_	_		
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of		y termination RION
Patient's age**	Marrie	ed	Date of pregn	ancy term	ination	Educa	tion			•		
23		Yes No	(	07/03/20 <sup>-</sup>	18			ŀ		ool Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Blac		an American	☐ Unl		■ Not l	y anic or Latin Hispanic or I		Unknown
Live Births:	N	umber now living	1				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations 0				Numb	er of inc	luced termi	inations 1		
Dates of termination 1. <b>02/15/2017</b>		ot include this termin				ost recent.)	I	5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin		nditions of	f the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of F	Pregnancy	Termination
	110							•	None		] Uterine	Perforation
D. 1. 1. 1. 1. 1.									Hemorrhag	ge 🗆	] Cervica	al Laceration
Pathological examination performed?	nation	If yes, results:							Infection		] Retaine	ed Products
☐ Yes ■	No								Other (Spe	cify)		
											ncy result	in a maternal death?
								☐ Ye	es 🔳 N	U		
B				Type	of Termi	nation Procedu		a =				
Procedure that Term						Additional Pr			rminated Pa			
☐ Medical (Nons ☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) l	Misoprosto	l		
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	cify)		
		rocedures, answer the following items we		estion		For Medical ( Check the bo						
	_	ructions provided to	-					-	_	ovided to the	•	
☐ The patient sign	ed the pa	tient agreement				☐ The patie	ent sign	ed the p	atient agree	ement		
Medical (Surgi		tion Curettage nstrual Aspiration							ion Curetta strual Aspi			
Medical (Surgi									er (Specify)			
For Medical (Surgic	cal) proce	edures, answer the fo	llowing questic	on		For Medical (	(Surgica	I) proce	dures answ	ver the follow	ving quest	ion
		e a post fertilization								rtilization age		
	■ No		1-4- 4b - 6-11i				es [	_			41 E-11	
		answered yes, comportunity to surviv		ng questio	ons.	_	-		-	es, complete ty to survive?		ving questions.
	□No	11 3					Yes [		оррогия	ty to survive.		
		determination that				What was	the bas	sis for	determina	tion that th	e pregnai	nt woman had a
the pregnant woman		procedure to avert of	death or serious	s impairm	ent to		hat requ	ired the				ous impairment to
program woman						inc pregnan	i woniai					
					(2)		2 -				. , .	<b>XQ 16 A 1 - 2 : : : :</b>
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requi	ired under	IC 16-34-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in weeks	:)	Post fe	ertilization ag	ge of the fe	etus (in weeks)
	04/	29/2018				11					9	
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
Was a waiver of cons	ant obtai	nod?		т.	Was	a waiver of not	ification	n abtain	ad9	□ v	■ N	
		ned? Yes on as a result of being				a warver or not		oerced	ea?	☐ Yes ☐ Harassed	■ No	rafficked
Full name of physic			,, or and rolle					20.000	<u> </u>			
DR. CAROL DELL	-	communon										
	-	ming termination (nu		t, city, stat	te, and zip	code)						
200 S. MERIDIAN	SI, IND	IANAPULIS, IN 46	0220									
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROAI	D, INDIANAPOLIS,	IN, 46268	City or t	town, of pregna	•			County of p				
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion			d terminations  1  6				
24		☐ Yes ■ No	(	07/03/201	18				,		oma			
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	Hispa	anic or Latino		Unknown		
Live Births:	N	umber now living	1					er now o						
Other Termination	ns: N	umber of spontaneou	is terminations 2				Numb	er of ind	uced termi					
Dates of termination  1. 2018		ot include this termina 2016	ation. If more th	han six (6)	), those m	ost recent.)		5			6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:						-	nditions of t	he patient that may		
7								N/A						
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Complic	cation(s) of P	regnancy T	Termination		
									None		Uterine I	Perforation		
Pathological avamir	nation	If you regults:							Hemorrhag	e 🗆				
Pathological examir performed?	iation	If yes, results:							Infection		Retained	Products		
☐ Yes ■	No								Other (Spec	cify)				
											ncy result i	n a maternal death?		
		<u> </u>						☐ Ye	s 🔳 N	υ				
				Туре	of Termi	nation Procedur								
Procedure that Term		•												
☐ Medical (Nonsi									Aifepriston Aisoprostol					
Medical (Nons									Other (Spec					
		rocedures, answer the		estion								stion		
	-	ructions provided to	•			☐ The man	ufacture	er's instr	actions pro	vided to the	_			
The patient sign														
Medical (Surgi		tion Curettage strual Aspiration												
Medical (Surgi									r (Specify)					
For Medical (Surgic	cal) proce	edures, answer the fol	llowing questio	n.		For Medical (	Surgica	al) proce	lures answ	ver the follow	ring questic	on		
		e a post fertilization a					-							
	■ No		1-4- 4h - 6-11i-			☐ Y		No	1	1-4	41 <i>E</i> -11			
		answered yes, compl opportunity to surviv		ng questio	ns.	_	-		-	-		ng questions.		
	□No	· · · · · · · · · · · · · · · · · · ·					es [		оррогини	y to survive:				
	aired the	determination that procedure to avert d					nat requ	ired the						
List the name of the <b>N/A</b>	second de	octor present, as requi	ired under IC 16	i-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under I	CC 16-34-2-3(a)(3)		
Date last normal me	-			Physicia	ın estimat	e of gestation (i	n weeks	5)	Post fe	rtilization ag		us (in weeks)		
How word the		05/2018	n ago dotor:	ad?		13					11			
ULTRASOUND	tional age	e and post fertilization	on age determin	ea?										
Was a waiver of cons					Was	a waiver of not	ificatio	n obtain	ed?	Yes				
		on as a result of being	any of the follo	wing?	☐ Abu	ısed		Coerced		Harassed	☐ Tra	fficked		
Full name of physic DR. CAROL DELL	-	rming termination			_									
		ning termination (num	mber and street	t, city, stat	e, and zip	code)								
200 S. MERIDIAN	-	=												
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

\*\*Date Reported to DCS, if Patient under 16 (month, day, year):

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Reports for all other patients shall be submitted to the Indiana State Department of Health no later than 30 days after each termination is performed. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5(d). City or town, of pregnancy termination Facility Name and Address
PIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 County of pregnancy termination **INDIANAPOLIS** MARION Patient's age\*\* Date of pregnancy termination Education Married 28 Yes No High School Diploma or GED 07/03/2018 Ethnicity ☐ Asian ☐ White ☐ American Indian or Alaska Native ■ Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander Not Hispanic or Latino Unknown Other ☐ Unknown Number now living Number now deceased Live Births: Number of induced terminations Number of spontaneous terminations Other Terminations: Dates of terminations (Do not include this termination. If more than six (6), those most recent.) <sub>1.</sub> 2008 List any preexisting medical conditions of the patient that may Fetus delivered alive? If yes, length of time fetus survived: ☐ Yes ■ No complicate the abortion Fetus viable? If viable, medical reason for termination: Complication(s) of Pregnancy Termination ☐ Yes ■ No ☐ Uterine Perforation ■ None Cervical Laceration Hemorrhage Pathological examination If yes, results: □ Retained Products ☐ Infection performed? ☐ Other (Specify) ☐ Yes ■ No Did this termination of pregnancy result in a maternal death? ☐ Yes Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostoi
☐ Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprosion
☐ Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Misoprostol For Medical (Nonsurgical) procedures, answer the following question For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed Check the box indicating the following items were completed ☐ The manufacturer's instructions provided to the patient ☐ The manufacturer's instructions provided to the patient ☐ The patient signed the patient agreement The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) For Medical (Surgical) procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No ☐ Yes ■ No If the previous question was answered yes, complete the following questions. If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? ☐ Yes ☐ No ☐Yes ☐No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? the pregnant woman? List the name of the second doctor present, as required under IC 16-34-2-3(a)(3) List the name of the second doctor present, as required under IC 16-34-2-3(a)(3) N/A Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 03/24/2018 13 11 How were the gestational age and post fertilization age determined? ULTRASOUND Was a waiver of consent obtained? ■ No ☐ Yes ■ No Was a waiver of notification obtained? ☐ Yes Is the patient seeking an abortion as a result of being any of the following? ☐ Abused ☐ Coerced □ Harassed ☐ Trafficked Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	oregnancy termi	nation		
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion		-		ic or Latino spanic or Latino  0  tions 1  6			
33		☐ Yes ■ No	(	07/13/201	18						ee			
Race American Indiar Native Hawaiiar	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Blac		an American	_	known	■ Not I	anic or Latino		Unknown		
Live Births:	N	umber now living	0						leceased					
Other Termination	ns:	umber of spontaneou	us terminations <b>0</b>				Numb	er of ind	luced termi					
Dates of termination		ot include this termin	v			*		5			6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	ditions of the pa	tient that may		
E-tu- si-bl-9		Teriable madical	£	· 4: ·				N/A						
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termi	nation		
								•	None		Uterine Perfo	ration		
Pathological examin	nation	If yes, results:							Hemorrhag	e 🔲				
performed?	iation	ii yes, iesuits.						_	Infection		Retained Prod	lucts		
☐ Yes ■	No							□ '	Other (Spec	cify)				
								Did thi	s termination		cy result in a m	naternal death?		
		1			6.7				~ <u> </u>	~				
Drogodur-th-t T	ingt-JP	ragnar		Туре	of Termi	nation Procedur		that T	minot- 1 P	roon on				
Procedure that Term  Medical (Nonsu						Additional Pr			rminated Pi Mifepriston					
Medical (Nonsu	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) N	Misoprostol	l				
Medical (Nonsu	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)				
☐ The manufactur	cating the er's instr	e following items we ructions provided to	ere completed	estion		Check the bo	x indica ufacture	ating the er's instr	following	items were c	ompleted			
The patient sign									ion Curetta					
Medical (Surgio	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi					
Medical (Surgio	cal) Oth	er (Specify)				Medical	(Surgic	al) Othe	er (Specify)					
For Medical (Surgic	al) proce	dures, answer the fo	llowing questio	n.		For Medical (	Surgica	ıl) proce	dures, answ	ver the follow	ing question.			
		e a post fertilization	age at least 20 v	weeks?					e a post fer	rtilization age	at least 20 wee	ks?		
	■ No tion was	answered yes, compl	lete the following	ng questio	ns.	☐ Y  If the previou		] No on was a	nswered y	es, complete	the following qu	uestions.		
	the best No	opportunity to surviv	ve?				ıs given Yes 🗀		opportunit	ty to survive?				
	ired the	determination that procedure to avert of				condition th	nat requ	ired the						
the pregnant wontar	1:					the pregnan	womai	1.						
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16	3-34-2-3(a)(3)		
Date last normal me	_	an <b>22/2018</b>		Physicia	n estimat	e of gestation (i	n weeks	s)	Post fe	ertilization ag		ı weeks)		
How were the gestat			on age determin	ed?		•								
ULTRASOUND														
Was a waiver of cons	ent obtain	ned? Yes	s • N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No			
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abu	ısed	☐ C	oerced		Harassed	Trafficke	ed		
Full name of physic	-	rming termination												
Address of physician 200 S. MERIDIAN	n perforn	=		, city, stat	e, and zip	code)								
	,	,												
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of			
Patient's age**	Marrie	ed.	Date of pregn	nancv term	ination	Educa	tion		Some College, No Degree    Ethnicity   Hispanic or Latino   Unknown ow deceased   O   Induced terminations   O				
22	_	Yes No		07/13/20 <sup>2</sup>					Some Co	ollege, No I	Degree		
Race American India Native Hawaiia	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known	Hispa	anic or Latin		Unknown	
Live Births:	N	umber now living	0				Numb	er now o	leceased	0			
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	luced termi				
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)							
1	2	*	3			4		5					
		If yes, length of ti	me fetus surviv	red:							nditions of	the patient that may	
								N/A					
	No	If viable, medical	reason for term	nination:					Compli	cation(s) of F	regnancy	Termination	
	110								None		] Uterine	Perforation	
D. J. J. J. J. J.		70 1							Hemorrhag	je 🗆	] Cervica	d Laceration	
performed?	nation	If yes, results:							Infection		Retaine	d Products	
☐ Yes ■	No								Other (Spec	cify)			
											ncy result	in a maternal death?	
								∐ Ye	s 🔳 N	0			
				Туре	of Termi	nation Procedur	res						
	ther Terminations:    Number of spontaneous terminations of ates of terminations (Do not include this termination. If more than six tus delivered alive?   If yes, length of time fetus survived:   Yes												
				estion									
	_	-	-					-	_		-		
								-		patient			
☐ Medical (Surgi	ical) Mei ical) Oth	strual Aspiration er (Specify)											
	,	1 337				_	` ` ` `	,	1 337				
		a post retifization	age at least 20	WCCKS:			es [		e a post ici	tillization ag	, at least 2	o weeks:	
				ng questio	ns.	_	-		-	-		ing questions.	
		opportunity to surviv	ve?				us given Yes 🛭		opportunit	ty to survive?	,		
	_	determination that	the pregnant	woman l	nad a			_	datarm:	tion that the	a proces	nt women had a	
condition that requ	uired the					condition th	hat requ	ired the					
the pregnant woman	n?					the pregnan	t womai	1?					
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)	
N/A				DI		<u> </u>		`	ъ -	/11: · · ·	0.1 -		
Date last normal me	-			Physicia	an estimat	e of gestation (i	n weeks	i)	Post fe	ertilization ag	ge of the fe	жus (in weeks)	
How were the gesta			on age determin	ied?		- <del></del>							
ULTRASOUND													
Was a waiver of cons	sent obtai	ned?	: I	Was	a waiver of not	ification	n obtain	ed?	Yes	■ No			
Is the patient seeking	an aborti	on as a result of being	any of the follo	☐ Abu	ısed	□ C	oerced		Harassed	☐ Tr	afficked		
Full name of physic	-	rming termination											
DR. CAROL DELL		ning termination (num	mhar and atua	t city atas	to and -i-	code)							
200 S. MERIDIAN	-	=		ı, cuy, sıal	ъ, ана zip	coue)							
**Data Daranta 1	to DOG	if Dationt was done	6 (2004). 1	• استموو									
· · Date Keported	100 DCS	, if Patient under 1	ιυ (montn, day,	, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregn	ancy teri	High School Diploma or GED    Ethnicity				
Patient's age** 23	Marrie [	ed ☐ Yes ■ No	Date of pregn	ancy term 07/13/20		Educa	ition	н			or GED	
Race American Indian Native Hawaiian		ka Native er Pacific Islander	☐ Asian ■ White	☐ Blac		an American	□Un	ıknown	☐ Hispa	anic or Latino		
Live Births:	N	umber now living	0		-							
Other Termination	ns: N	umber of spontaneou	us terminations 0				Numb	per of indi	uced termi			
Dates of termination	ns (Do no	ot include this termin	•	han six (6	), those m	ost recent.)						
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:		4					ditions of the patient that may	
Fetus viable?		If viable medical	roagan far tarm	inations				N/A				
Yes Yes	No	If viable, medical	reason for term	ination:				=	None		Uterine Perforation	
Pathological examin	nation	If yes, results:								_		
performed?	No									_	1100000	
											ncy result in a maternal death?	
				Type	e of Termi	nation Procedu	res	•				
Procedure that Term	ninated P	regnancy		JP				e that Ter	minated Pr	regnancy		
Medical (Nonso     Medical (Nonso     Medical (Nonso	urgical)	Misoprostol				☐ Medica	(Nonsu	rgical) N	lisoprosto!	[		
For Medical (Nonsu Check the box indic  The manufactur The patient sign Medical (Surgi	cating the rer's instr ed the pa	e following items we ructions provided to tient agreement	ere completed	estion		Check the beautiful The man	ox indic nufacture ent sign	ating the er's instru ned the pa	following actions pro tient agree	items were c vided to the j ment	ompleted	
	cal) Mer	nstrual Aspiration				☐ Medica	(Surgic	al) Mens	strual Aspi			
		edures, answer the fo	• .				tus viab				<b>-</b> 1	
If the previous quest Was the fetus given  ☐ Yes	the best	answered yes, comp opportunity to survi		ng questic	ons.	Was the fe	-	n the best	-	_		
	ired the	determination that procedure to avert of					hat requ	ired the			e pregnant woman had a h or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	)(3)	List the nan	ne of the	e second o	loctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	_	an <b>01/2018</b>		Physicia	an estimat	e of gestation (	in week:	s)	Post fe	rtilization age	e of the fetus (in weeks) 3	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?					•			
Was a waiver of cons		100				a waiver of no				Yes	■ No	
Is the patient seeking Full name of physic			g any of the follo	wing'?	☐ Abı	ised		Coerced		Harassed	☐ Trafficked	
DR. CAROL DELL	-	mining termination										
Address of physicia 200 S. MERIDIAN	-	-		t, city, sta	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address	90 GEORGETOWN ROA	•			town, of pregna	ncy teri	mination	<u> </u>	County of pr	egnancy ter	
Patient's age**	Marrie		Date of pregi	nancy term	ination	Educa	tion					
Race		Yes No		07/13/20 <sup>-</sup>	18			<u> </u>	Ethnicity	ool Diploma	or GED	
☐ American Indiar ☐ Native Hawaiiar  Live Births:	n or Othe		Asian White	☐ Blac		an American		known ber now d	Hispa	anic or Latino Hispanic or La	tino	Unknown
	N	umber of spontaneo	0 us terminations				Numh	per of ind	uced termi	0 inations		
Other Termination	15.	-	0		\ .1		Tvuille			1		
Dates of termination 1. 12/29/2017	2	·	3		), tnose m	ost recent.) 4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	/ed:					y preexistin cate the abo		litions of the	patient that may
F		TC : 11 1: 1	6 4					N/A				
Fetus viable?  Yes	No	If viable, medical	reason for tern	nination:					Compli	cation(s) of Pro	egnancy Ter	mination
									None		Uterine Per	rforation
Pathological examin	nation	If yes, results:						_	Hemorrhag	_	Cervical La	
performed?	iation	Type of Termination Procedures									Retained P	roducts
☐ Yes ■	No							│	Other (Spec	cify)		
											ey result in a	a maternal death?
				Туре	of Termi	nation Procedu	res					_
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	e that Ter	minated P	regnancy		
☐ Medical (Nonsu ☐ Medical (Nonsu									Mifepriston Misoprosto			
Medical (Nonst						☐ Medical	(Nonsu	rgical) (	Other (Spec	cify)		
For Medical (Nonsu	rgical) pi	rocedures, answer th	e following qu	estion		For Medical (	Nonsur	gical) pro	ocedures, a	nswer the follo	wing questi	on
Check the box indic	-	_	-					_	_	items were co	-	
☐ The manufactur☐ The patient sign			tne patient						itient agree	_	aticiit	
Medical (Surgio	cal) Suc	tion Curettage				☐ Medical						
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)							strual Aspi r <i>(Specify)</i>			
								ŕ				
F. M. F. 1/6	1)	1 4 6	11			- X II I	· ·			1 011		
For Medical (Surgic		edures, answer the for e a post fertilization					_			ver the followi rtilization age		
☐ Yes [	■ No	•				☐ Y	es [	No				
If the previous quest				ng questio	ns.	-	•			es, complete th	ne following	questions.
	∏No	opportunity to survi	ve:				us giver Yes [		opportunit	ty to survive?		
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the ba	sis for	determinat	tion that the	nregnant v	woman had a
condition that requ the pregnant womar		procedure to avert	death or seriou	s impairm	ent to	condition the	nat requ	ired the				impairment to
the pregnant woman	1:					the pregnan	t woma	n?				
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 1	6-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as require	ed under IC	16-34-2-3(a)(3)
Date last normal me	_	an <b>27/2018</b>		Physicia	nn estimat	e of gestation (i	n week:	s)	Post fe	ertilization age	of the fetus	(in weeks)
How were the gestat			on age determin	ned?								
ULTRASOUND												
Was a waiver of cons	ent obtain	ned?	s 🔳 1	No	Was	a waiver of not	ificatio	n obtaine	ed?	☐ Yes	■ No	
Is the patient seeking			g any of the follo	owing?	☐ Abı	ısed		Coerced		Harassed	☐ Traffi	cked
Full name of physics		rming termination										
Address of physician		ning termination (nu	mber and stree	t, city, stat	e, and zip	code)						
200 S. MERIDIAN	-	-										
**Date Reported	to DCS	, if Patient under	16 (month, day	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS, I	N, 46268	City or	town, of pre	gnancy ter ANAPOL		### Sth-12th, No Diploma    Ethnicity			
Patient's age** 19	Marrie	d ☐ Yes ■ No	Date of pregna	ncy term 7/13/20		Edu	ıcation		9th-12	th, No Diplo	ma	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an Americai		nknown	☐ Hispa	anic or Latino		
Live Births:	N	umber now living	1				Num	ber now d	eceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Num	ber of ind	uced termi			
Dates of termination	ns (Do no	ot include this termin	ation. If more th	an six (6	), those m	ost recent.)	I.					
Fetus delivered aliv		If yes, length of ti	me fetus survive	ed:		4					6litions of the patient that may	
Fetus viable?		If viable, medical	reason for termi	nation:				N/A				
Yes Yes	No	ii viable, illedical	reason for terms	nation.				_	None		Uterine Perforation	
Pathological examir performed?		If yes, results:						_ I	nfection			
Type of Termination Procedures  Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy										cy result in a maternal death?		
				Туре	of Termi	nation Proce	dures					
Procedure that Term	ninated P	regnancy				Additiona	Procedur	e that Ter	minated Pi	regnancy		
Medical (Nonsi	urgical)	Misoprostol				☐ Medi	cal (Nonsı	ırgical) M	/lisoprostol	l		
Check the box indic  The manufactur  The patient sign  Medical (Surgi	eating the rer's instructed the pa cal) Suc cal) Mer	tion Curettage	ere completed	stion		Check the The n The p Medi	box indicaturation signaturation signaturati	eating the rer's instru- ned the pa- cal) Sucti- cal) Mens	following actions pro tient agree on Curetta strual Aspi	items were covided to the period ge ration	ompleted	
		ed (specify)	llowing question	1.			, -	,			ing question.	
	le or hav ☐ No	e a post fertilization	age at least 20 w	eeks?		Was the	fetus vial				• 1	
	the best	answered yes, compoportunity to surviv		g questic	ons.	Was the	-	n the best	-	_	ne following questions.	
	ired the	determination that procedure to avert of				conditio		uired the				
List the name of the	second d	octor present, as requi	ired under IC 16-	-34-2-3(a)	)(3)	List the n	ame of the	e second o	doctor pres	sent, as requir	ed under IC 16-34-2-3(a)(3)	
Date last normal me	_	an 17/2018		Physicia	an estimat	e of gestatio	n (in week	s)	Post fe	ertilization age	of the fetus (in weeks) 7	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?					<b>'</b>			
Was a waiver of cons		1 1 60				a waiver of				Yes	■ No	
Is the patient seeking Full name of physic			any of the follow	wing?	☐ Abı	ised		Coerced	L	Harassed	☐ Trafficked	
DR. CAROL DELL	_	inning termination										
Address of physician performing termination (number and street, city, state, and zip code)  200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225												
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of		
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion	Associate Degree    Ethnicity				
28	_	Yes No	(	07/13/20 <sup>-</sup>	18						ee	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American		known	Hispa	anic or Latin		☐ Unknown
Live Births:	N	umber now living	0				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of inc	luced termi			
Dates of termination 1. <b>04/21/2017</b>						ost recent.)		5		<u> </u>	6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:							nditions of	the patient that may
								N/A				
Fetus viable?	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy	Termination
res _	NO											
									Hemorrhag	e $\Box$	Cervica	al Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retaine	ed Products
*	No								Other (Spec	cify)		
											ncy result	in a maternal death?
									es 🔳 N	0		
				Туре	of Termi	nation Procedur	res					
		• •								•		
	Number now living  Number of spontaneous terminations  Outes of terminations:  Number of spontaneous terminations  Outes of terminations (Do not include this termination. If more than six out/21/2017  Tust delivered alive?  Yes No  If yes, length of time fetus survived:  If yes, results:  If yes, results:  Tyour length of length of time fetus survived:  If yes, results:  If yes, results:  If yes, results:  Tyour length of											
				estion								
	-	-					_	_		-	ı	
			the patient						-		patient	
, ,	ŕ											
- M 1: 1/G :	1)	1										<del></del>
☐ Yes	■ No	-				□ Y	es [	No				
				ng questio	ns.	_	-		-	_		ving questions.
		opportunity to surviv	ve?				us giver Yes [		t opportunit	ty to survive'?	,	
What was the ba	sis for	determination that	the pregnant	woman ł	nad a	What was	the ba	sis for	datarmina	tion that the	e pregna	nt woman had a
condition that requ	uired the					condition tl	hat requ	ired the				
tne pregnant woman	n!					the pregnan	t woma	n'?				
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)
	enges bac			Physicia	an ectimet	e of gestation (i	in wool-	c)	Post fo	ertilization co	re of the f	etus (in wooks)
Date last normal file	_			inysicia	an contillat	6 6	n week!	"	1 081 10	runzanon ag		nus (in weeks)
_	tional ag	e and post fertilization	on age determin	ed?					1			
ULTRASOUND												
Was a waiver of cons					Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the follo	owing?	Abı	ısed		Coerced		Harassed	☐ Tr	afficked
Full name of physic	-	rming termination										
DR. CAROL DELL Address of physicia		ning termination (nu	mber and stree	t, city, stat	te, and zin	code)						
200 S. MERIDIAN	-	=			. ~r		_					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregn	ancy ten		High School Diploma or GED    Ethnicity				
Patient's age** 22	Marrie [	d ☐ Yes ■ No	Date of pregn	ancy term 07/13/20		Educa	ation	н	ligh Scho	ol Diploma	or GED		
Race American Indian		ka Native r Pacific Islander	Asian	=		an American		1	☐ Hispa	anic or Latino			
Live Births:		umber now living	White 2	☐ Othe	er			known oer now d			atino 🔲 Unknown		
Other Termination	ns: N	umber of spontaneou					Numb	per of ind	uced termi	nations			
Dates of termination	ns (Do no	ot include this termin	•	han six (6	), those m	ost recent.)	I						
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:		4					ditions of the patient that may		
T		xa : 11						N/A					
Fetus viable?  Yes  Yes	No	If viable, medical	reason for term	ination:				=	None		Uterine Perforation		
Pathological examin	nation	If yes, results:								_			
performed?  Yes	No									cify)			
											acy result in a maternal death?		
		1		Tvne	e of Termi	nation Procedu	ıres						
Procedure that Term	ninated P	regnancy		JP				e that Ter	minated P	regnancy			
☐ Medical (Nonsu ☐ Medical (Nonsu ☐ Medical (Nonsu	urgical)	Misoprostol				☐ Medica	l (Nonsu	rgical) N	// disoprosto	[			
For Medical (Nonsu Check the box indic  The manufactur  The patient sign	cating the er's instr	e following items we ructions provided to	ere completed	estion		Check the b  The man	ox indic nufactur	ating the er's instru	following actions pro	items were c vided to the J	ompleted		
Medical (Surgion Medical (Surgio	cal) Mer	nstrual Aspiration				☐ Medica	l (Surgic	al) Men	strual Aspi				
		edures, answer the fo	• .				etus viab				• .		
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ng questic	ons.	Was the fe	-	the best	-	_	the following questions.		
	ired the	determination that procedure to avert of					that requ	ired the			pregnant woman had a h or serious impairment to		
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	)(3)	List the nan	ne of the	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
Date last normal me	_	an <b>01/2018</b>		Physicia	an estimat	e of gestation (	in week:	s)	Post fe	rtilization age	e of the fetus (in weeks)  8		
How were the gestat	tional age	e and post fertilization	on age determin	ed?					l				
Was a waiver of cons		10.				a waiver of no				Yes	■ No		
Is the patient seeking  Full name of physics			g any of the follo	wing?	☐ Abı	ised		Coerced	L	Harassed	☐ Trafficked		
DR. CAROL DELL	INGER		mbor as 1 · ·	+ ai4: 1	to ~~ 1 ·	anda)							
Address of physician 200 S. MERIDIAN	-	-		, city, stai	te, and zip								
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregn	ancy ten		Some College, No Degree    Ethnicity   Hispanic or Latino   Not Hispanic or Latino   O				
Patient's age** 23	Marrie	d ☐ Yes ■ No	Date of pregn	ancy term 07/13/20		Educ	Ethnicity Hispanic or Latino Not Hispanic or Latino Number now deceased  Number of induced terminations  Substitute of the patient that recomplicate the abortion  N/A  Complication(s) of Pregnancy Termination None Hemorrhage Cervical Laceration Hemorrhage Cincle Cervical Laceration Retained Products Other (Specify)  Did this termination of pregnancy result in a maternal decease of the patient that recomplicate the abortion  Did this termination of pregnancy result in a maternal decease of the patient that recomplicate the abortion						
Race American Indian		ka Native r Pacific Islander	Asian	=		an American			Hispa	anic or Latino			
Live Births:		umber now living	☐ White	☐ Othe	er						atino 🕒 Unknown		
Other Termination	ns: N	umber of spontaneo					Numb	per of indu	ced termi	nations			
Dates of termination	ns (Do no	ot include this termin	•	han six (6	), those m	ost recent.)	1						
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:		4					nditions of the patient that may		
T		xa : 11						N/A					
Fetus viable?  Yes  Yes	No	If viable, medical	reason for term	ination:					one		Uterine Perforation		
Pathological examin	nation	If yes, results:							·	_			
performed?  Yes	No									cify)			
											ncy result in a maternal death?		
				Туре	of Termi	nation Procedu	ıres						
Procedure that Term	ninated P	regnancy		7.1				e that Term	inated Pr	regnancy			
Medical (Nonsi	urgical)	Misoprostol				☐ Medica	l (Nonsu	ırgical) Mi	soprostol	[			
For Medical (Nonsu Check the box indic  The manufactur  The patient sign	cating the er's instr	e following items we ructions provided to	ere completed	estion		Check the b	ox indic nufactur	ating the for	ollowing tions pro	items were c vided to the J	completed		
Medical (Surgion Medica	cal) Mer	nstrual Aspiration				☐ Medica	l (Surgic	al) Menst	rual Aspi				
		edures, answer the for				Was the f	etus viab	, .			• .		
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ng questic	ons.	Was the fe	•	n the best o	•		• .		
	ired the	determination that procedure to avert					that requ	aired the p					
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	0(3)	List the nar	ne of the	e second do	octor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
Date last normal me	_	an <b>02/2018</b>		Physicia	an estimat	e of gestation	in week:	s)	Post fe	rtilization age	e of the fetus (in weeks)  10		
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?					1				
Was a waiver of cons						a waiver of no				Yes	■ No		
Is the patient seeking Full name of physic			g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	Trafficked		
DR. CAROL DELL	INGER												
Address of physicia 200 S. MERIDIAN	-	-		t, city, sta	te, and zip	code)							
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of pregn	ancy ten		9th-12th, No Diploma    Ethnicity			
Patient's age** 18	Marrie [	d ☐ Yes ■ No	Date of pregn	ancy term 07/13/20		Educ	ation		9th-12	th, No Diplo	oma	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an American	☐ Un		☐ Hispa	anic or Latino		
Live Births:	N	umber now living	0				Numb	per now dec	eased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of induc	ed termi			
Dates of termination	ns (Do no	ot include this termin	ation. If more ti	han six (6	), those m	ost recent.)	•					
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:		4					ditions of the patient that may	
Fetus viable?		If viable medical	rangan far tarm	ination				N/A				
Yes Yes	No	If viable, medical	reason for term	ination:				■ No	one		Uterine Perforation	
Pathological examin	nation	If yes, results:							·	_		
performed?  Yes	No									_		
				Did this t			ncy result in a maternal death?					
		•		Tyne	of Termi	nation Procedu	ıres					
Procedure that Term	ninated P	regnancy		- 1100				e that Term	inated Pr	regnancy		
☐ Medical (Nonso	urgical)	Misoprostol				☐ Medica	l (Nonsu	ırgical) Mi	soprostol	[		
Check the box indic	cating the rer's instr	rocedures, answer the following items we ructions provided to tient agreement	ere completed	estion		Check the b	ox indic	ating the fo er's instruc	ollowing tions pro	items were c vided to the J	completed	
Medical (Surgion Medica	cal) Mer	nstrual Aspiration				☐ Medica	l (Surgic	al) Menstr	ual Aspi			
Was the fetus viab		edures, answer the fo	• 1			Was the f	etus viab				• .	
	the best	answered yes, compoportunity to surviv		ng questic	ons.	Was the fe	-	n the best o			• .	
	ired the	determination that procedure to avert of					that requ	aired the pr				
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	)(3)	List the nar	ne of the	e second do	ctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	_	an KNOWN		Physicia	an estimat	e of gestation	in week:	s)	Post fe	rtilization age		
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
Was a waiver of cons		1 1 60				a waiver of no						
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. CAROL DELL	-	rming termination										
Address of physicia 200 S. MERIDIAN	-	ning termination (nu.		t, city, stai	te, and zip	code)						
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):								

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of pregn	ancy ten		High School Diploma or GED  Ethnicity Hispanic or Latino Not Hispanic or Latino O  deceased O  duced terminations O  Complication(s) of Pregnancy Termination None Hemorrhage Cervical Laceration Hemorrhage Infection Retained Products Other (Specify)  his termination of pregnancy result in a maternal defease  Terminated Pregnancy  Terminated Pregnancy			
Patient's age** 22	Marrie [	d ☐ Yes ■ No	Date of pregn	ancy term 07/13/20		Educ	ation	н	ligh Scho	ol Diploma	or GED	
Race American Indian			Asian	=		an American		,	☐ Hispa	anic or Latino		
Live Births:		umber now living	☐ White	Othe	er			known er now d			atino 🔲 Unknown	
Other Termination	ns: N	umber of spontaneou					Numb	per of ind	uced termi	nations		
Dates of termination	ns (Do no	ot include this termin		nan six (6	), those m	ost recent.)	1					
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:		4					aditions of the patient that may	
Fetus viable?		If viable, medical	<i>6 t</i>	· · ·				N/A				
Yes Yes	No	ii viabie, medicai	reason for term	mation.					None		Uterine Perforation	
Pathological examir performed?		If yes, results:						_ 1	Infection			
											ncy result in a maternal death?	
				Туре	of Termi	nation Procedu	ıres					
		• •										
Medical (Nonsi	urgical)	Misoprostol				☐ Medica	l (Nonsu	rgical) N	// disoprosto	l		
Check the box indic	eating the er's instr ed the pa		ere completed	stion		Check the b  The ma  The pat	ox indic nufactur ient sign	ating the er's instru ed the pa	following actions pro atient agree	items were covided to the period	completed	
Medical (Surgi	cal) Mer cal) Oth	nstrual Aspiration er (Specify)										
Was the fetus viab ☐ Yes	le or hav	edures, answer the fo	age at least 20 v	veeks?		Was the f	etus viab Yes [	le or hav No	e a post fer	rtilization age	e at least 20 weeks?	
	the best	answered yes, compoportunity to surviv		ng questic	ons.	Was the fe	-	the best	•		• .	
	ired the	determination that procedure to avert of					that requ	ired the				
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	0(3)	List the nar	ne of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)	
Date last normal me	_	an <b>01/2018</b>		Physicia	an estimat	e of gestation <b>9</b>	in week:	5)	Post fe	ertilization ag		
How were the gestar	tional ag	e and post fertilization	on age determin	ed?								
Was a waiver of cons Is the patient seeking		1 1 60				a waiver of no				Yes	■ No	
Full name of physic			, any or the 10110	wing:	☐ Abu	ISCU		Coerced	L	Harassed	☐ Trafficked	
DR. CAROL DELL Address of physicia		ning termination (nu	mber and street	. city. sta	te. and zip	code)					_	
200 S. MERIDIAN	-	-			, <del></del>							
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of	pregnancy termination  MARION		
Patient's age**	Marrie		Date of pregn	ancy term	ination	Educa	tion		of induced terminations    S				
31	_	Yes No		07/13/20 <sup>2</sup>				Н	ligh Scho	ol Diploma	or GED		
Race American India Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ White	■ Blac		an American		known	☐ Hispa ■ Not I	anic or Latin		wn	
Live Births:	N	umber now living	3				Numb	er now d	eceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of ind	uced termi				
Dates of termination 1. 2015		ot include this termin	ation. If more t			ost recent.) 4. UNKNOWN	I	5			6		
Fetus delivered aliv ☐ Yes ■		If yes, length of ti	me fetus surviv	ed:							nditions of the patient tha	t may	
								N/A					
Fetus viable?	N.	If viable, medical	reason for term	ination:					Compli	cation(s) of P	Pregnancy Termination		
☐ Yes ■	No								•				
										_			
Pathological examination performed?	nation	If yes, results:							nfection		Retained Products		
*	No								Other (Spec	cify)			
											ncy result in a maternal	death?	
		<u> </u>						☐ Ye	s 🔳 N	0			
				Type	of Termi	nation Procedur	res						
Procedure that Term										•			
☐ Medical (Nons ☐ Medical (Nons													
Medical (Nons													
For Medical (Nonsu	ırgical) pı	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pro	ocedures, a	nswer the foll	lowing question		
l	-	e following items we					_	_					
☐ The manufactur ☐ The patient sign		ructions provided to tient agreement	the patient						-		patient		
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ge			
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration											
i wiedieai (Buigi	icar) Our	ст (вресцу)				Wiedicar	(Surgic	ai) Otile	і (Бресіју)				
		edures, answer the fo											
	le or hav	e a post fertilization	age at least 20	weeks'?			tus viab 'es [		e a post fei	tilization age	e at least 20 weeks?		
If the previous ques	tion was	answered yes, comp		ng questio	ns.			_	nswered y	es, complete	the following questions.		
	n the best □No	opportunity to survi	ve?				us giver Yes 🏻 🖺		opportunit	y to survive?			
	_	J	41										
		determination that procedure to avert of									e pregnant woman ha th or serious impairmen		
the pregnant woman	n?					the pregnan			r		· · · · · · · · · · · · · · · · · · ·		
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3	(a)(3)	
N/A						<u> </u>							
Date last normal me	_	an <b>'04/2018</b>		Physicia	an estimat	e of gestation (i	in weeks	s)	Post fe	ertilization ag	ge of the fetus (in weeks)  5	)	
How were the gesta		e and post fertilization	on age determin	ed?		•							
ULTRASOUND													
Was a waiver of cons	sent obtain	ned?	s • N	lo	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No		
Is the patient seeking	an aborti	on as a result of being			☐ Abı	ised		oerced		Harassed	Trafficked		
Full name of physic	ian perfo	rming termination											
DR. CAROL DELL		ning torming!	mb an I	4 miles 4 1	toJ ·	0040							
200 S. MERIDIAN	-	ning termination (nu		ı, city, stat	e, and zip	coae)							
440 . 5	. 5.00	CD (	16.										
**Date Reported	to DCS	, if Patient under	10 (month, day,	year):						_			

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Facility Name and A	icility Name and Address N-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 4626  Itient's age**  Married  Date of pregnancy to						ncy terr	nination IS		County of p	pregnancy termination MARION	
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educat	tion					
44		☐ Yes ■ No	(	07/13/20 <sup>-</sup>	18			H		ol Diploma	or GED	
Race American India Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Blac ■ Othe		an American		known	☐ Not I	y anic or Latino Hispanic or L		
Live Births:	N	umber now living	4				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of ind	luced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more to	han six (6	), those m	ost recent.)						
1		T				4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may	
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	unation:					Compli	cation(s) of P	regnancy Termination	
									None		Uterine Perforation	
Pathological examir	nation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration	
performed?	iation	ii yes, resuits.						_	Infection		Retained Products	
☐ Yes ■	No							Ц,	Other (Spec	cify)		
								Did thi ☐ Ye			ncy result in a maternal death?	
				Trmo	of Tarm:	nation Drogodus	-AC					
Procedure that Term	ninated P	regnancy		1 ype	OI ICIIIII	ination Procedures  Additional Procedure that Terminated Pregnancy						
Medical (Nonsi									Mifepriston			
Medical (Nonsi			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)									
ivicalcal (140h)	urgicar)	other (Specify)				Wiedlear	(140113u	igicai) (	other (spec	.( <i>jy)</i>		
For Medical (Nonsurgical) procedures, answer the following question  For Medical (Nonsurgical) procedures, answer the following question												
		e following items we		SHOII		Check the bo						
		uctions provided to	the patient						-	ovided to the	patient	
The patient sign  Medical (Surgi									atient agree ion Curetta			
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration		
Medical (Surgi	cal) Oth	er (Specify)				☐ Medical (Surgical) Other (Specify)						
		edures, answer the fo				For Medical (	-					
	le or have	e a post fertilization	age at least 20 v	weeks?		Was the fet		le or hav ] No	e a post fei	rtilization age	e at least 20 weeks?	
	_	answered yes, compl	lete the following	ng questio	ns.	_			nswered y	es, complete	the following questions.	
	n the best ☐ No	opportunity to surviv	ve?				ıs giver Yes [		opportunit	ty to survive?		
	_											
condition that requ	aired the	determination that procedure to avert of									e pregnant woman had a th or serious impairment to	
the pregnant woman	n?					the pregnant			•			
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)	
Data last normal	mees ba-	an		Dhygiai	ın antimet	e of gestation (i	n wast-	-)	Dogt f-	artilization a-	e of the fetus (in weaks)	
Date last normal me	e of gestation (i	n weeks	)	Post fe	aunzauon ag	ge of the fetus (in weeks)  5						
How were the gesta	tional age	e and post fertilization	on age determin	ed?					II.			
ULTRASOUND												
Was a waiver of cons						a waiver of not	_		ed?	Yes	■ No	
		on as a result of being	any of the follo	owing?	☐ Abı	ısed	☐ C	oerced		Harassed	☐ Trafficked	
Full name of physic DR. CAROL DELL	-	rming termination										
Address of physicia	n perforn	ning termination (num		t, city, stat	e, and zip	code)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	6225									
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	, year):						_		

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Facility Name and Address or (PPO	ress GI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or	town, of pregnar	•		County of pr	regnancy termination  MARION		
Patient's age**	Iarried	Date of pregnancy term	nination	Educat	ion					
29	■ Yes □ No	07/13/20	18				2th, No Diplo	ma		
Race American Indian or Native Hawaiian or	Alaska Native Other Pacific Islander Number now living	☐ Asian ☐ Blac ■ White ☐ Other		an American	Unl		y panic or Latino Hispanic or La			
Live Births:		4					0			
Other Terminations:	Number of spontaneo	2			Numb	er of induced term	inations <b>1</b>			
Dates of terminations (I	Do not include this termin	nation. If more than six (6	), those m	ost recent.)		5		6		
Fetus delivered alive?  Yes No	If yes, length of ti	me fetus survived:				List any preexisting complicate the ab	-	ditions of the patient that may		
F ( 11.9	TC : 11 1: -1	6 4				N/A				
Fetus viable?  ☐ Yes ■ No	If viable, medical	reason for termination:				Compli	cation(s) of Pro	egnancy Termination		
						None		Uterine Perforation		
Pathological examination	on If yes, results:					Hemorrha	ge 🔲	Cervical Laceration		
performed?	ii yes, iesuits.					☐ Infection		Retained Products		
☐ Yes ■ No						Other (Spe	ecify)			
						Did this terminat  Yes N		cy result in a maternal death?		
	1		a-				10			
Droop down (1 of T)	tod Dragorous	Туре	of Termi	Additional Procedure that Terminated Pregnancy						
Procedure that Terminat	• •									
☐ Medical (Nonsurgion Med						rgical) Mifepristor rgical) Misoprosto				
☐ Medical (Nonsurgi	cal) Other (Specify)		Medical (Nonsurgical) Other (Specify)							
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed										
	•	•				ting the following er's instructions pro				
The manufacturer's  The patient signed the	instructions provided to he patient agreement	the patient				ed the patient agree		atient		
Medical (Surgical)	Suction Curettage			☐ Medical (	(Surgica	al) Suction Curetta	age			
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)					al) Menstrual Asp al) Other (Specify)				
	outer (speegy)			Medical (Surgical) Sales (Specify)						
	procedures, answer the fo				_	l) procedures, answ				
Was the fetus viable of Yes Yes	r have a post fertilization No	age at least 20 weeks?		Was the fett		le or have a post fe ] No	ertilization age	at least 20 weeks?		
		lete the following question	ons.	_			es, complete th	he following questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to survi	ve?			is given es [	the best opportuni	ity to survive?			
		the me	and .							
condition that required		the pregnant woman l death or serious impairm						pregnant woman had a n or serious impairment to		
the pregnant woman?				the pregnant				•		
	ond doctor present, as requ	ired under IC 16-34-2-3(a)	(3)	List the name	e of the	second doctor pre	sent, as require	ed under IC 16-34-2-3(a)(3)		
N/A										
Date last normal menses	s began <b>05/17/2018</b>	Physicia	e of gestation (in	n weeks	) Post f	ertilization age	e of the fetus (in weeks)  8			
How were the gestation	al age and post fertilization	on age determined?						<del>-</del>		
ULTRASOUND										
Was a waiver of consent	obtained?	s • No	Was	a waiver of noti	ification	n obtained?	☐ Yes	■ No		
Is the patient seeking an a	bortion as a result of being	g any of the following?	☐ Abı	ısed	☐ C	oerced [	Harassed	☐ Trafficked		
Full name of physician p	-									
		mber and street, city, sta	te, and zip	code)						
200 S. MERIDIAN ST,	INDIANAPOLIS, IN 4	6225								
**Date Reported to 1	DCS, if Patient under	16 (month, day, year):								

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Facility Name and A PPIN-GEORGETOWN OR	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 4620 Patient's age**  Married  Date of pregnancy t					INDIANAPOLIS				County of p	oregnancy termination  MARION	
Patient's age** 25		d ■ Yes 🔲 No		ancy term 07/06/20		Educ	ation	S	Some Co	ollege, No D	Degree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Blac		an American	□Un			nnic or Latino Hispanic or La		
Live Births:	N	umber now living	0	_				ber now de		0		
Other Termination	s: N	umber of spontaneou	us terminations 0				Numb	ber of indu	ced termi	nations <b>0</b>		
Dates of termination	is (Do no	t include this termin	ation. If more th	han six (6	), those m	ost recent.)						
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:		4			preexistin		ditions of the patient that may	
Fetus viable?		If viable, medical		·				N/A				
Yes Yes	No	ii viabie, medicai	reason for term	mation.				_	one		regnancy Termination Uterine Perforation Cervical Laceration	
Pathological examin	ation	If yes, results:							emorrhag fection	е <u> </u>	Retained Products	
performed?  Yes	No								ther (Spec	cify)		
								Did this	terminatio		ncy result in a maternal death?	
				Tvne	e of Termi	nation Proced	ıres					
Procedure that Term	inated P	regnancy		- 110		Additional I		e that Term	ninated Pr	regnancy		
Medical (Nonsum Medical (Nonsu	ırgical)	Misoprostol			<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>							
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage												
Medical (Surgion Medica	cal) Mer cal) Oth	nstrual Aspiration er (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
		dures, answer the fo				Was the f	etus viab				ing question. at least 20 weeks?	
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ng questic	ons.	Was the fe	-	n the best o	-	es, complete t y to survive?	the following questions.	
	ired the	determination that procedure to avert of					that requ	uired the p			e pregnant woman had a h or serious impairment to	
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)								e second do	octor pres	ent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal menses began Physician estimate 05/16/2018							(in week.	s)	Post fe	rtilization age	e of the fetus (in weeks)  5	
How were the gestat	tional ag	e and post fertilization	on age determin	ed?								
Was a waiver of cons						a waiver of no				Yes	■ No	
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physics DR. CAROL DELL	-	rming termination										
Address of physician 200 S. MERIDIAN	-	-		, city, stai	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/16/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Adprin-Georgetown or (F	ddress PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	oregnancy termination MARION				
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion		<del></del>						
25		☐ Yes ■ No	(	07/06/20 <sup>-</sup>	18			H		ol Diploma	or GED				
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known	☐ Not I	y anic or Latino Hispanic or L					
Live Births:	N	umber now living	1				Numb	er now o	leceased	0					
Other Terminations	: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations 0					
Dates of terminations	(Do no	t include this termin	ation. If more to	han six (6	), those m	ost recent.)									
1		·				4		5			6	-			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that m	nay			
								N/A							
Fetus viable?  Yes N	lo.	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination				
									None		Uterine Perforation				
Pathological examina	ntion	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration				
performed?		ii yes, resuits.						_	Infection	-:c-)	Retained Products				
☐ Yes ■ N	No								Other (Spec	cify)					
								Did thi ☐ Ye			ncy result in a maternal de	ath?			
				Type	of Termi	nation Procedur	res								
Procedure that Termi	nated P	regnancy		1 ypc	. J. 1011111	Additional Procedure that Terminated Pregnancy									
Medical (Nonsur	rgical)	Mifepristone				☐ Medical	(Nonsu	rgical) l	Mifepriston	ie					
	■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)								☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
For Medical (Nonsurgical) procedures, answer the following question  For Medical (Nonsurgical) procedures, answer the following question															
Check the box indica	ting the	e following items we	ere completed			Check the bo	x indic	ating the	following	items were c	ompleted				
<ul><li>The manufacture</li><li>The patient signed</li></ul>			the patient						uctions pro atient agree	ovided to the perment	patient				
☐ Medical (Surgical	al) Suct	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ige					
☐ Medical (Surgica Medical (Surgica		nstrual Aspiration							strual Aspi						
(Surgion	,	n (Speedy)				☐ Medical (Surgical) Other (Specify)									
	1)														
For Medical (Surgica Was the fetus viable						For Medical (	-				ing question. e at least 20 weeks?				
☐ Yes ☐	No					□ Y	es [	No	•						
If the previous question  Was the fetus given to				ng questio	ns.	-	•				the following questions.				
	]No	opportunity to surviv	vC:				res [		. opportunit	ty to survive?					
What was the basis						What was	the ba	sis for	determinat	tion that the	e pregnant woman had	a			
the pregnant woman		procedure to avert d	death or serious	impairm	ent to		nat requ	ired the			h or serious impairment				
1 -5						ine pregnan	· ···Oilidi								
List the name of the so	acond d	octor present os re	irad undar IC 10	34 2 2(=)	(3)	List the marr	a of +h -	. coco - J	doctor ===	ant or receive	red under IC 16-34-2-3(a)	v(3)			
List the name of the s	econa a	octor present, as requi	ired under ic 10	1-34-2-3(a)	(3)	List the nam	e or the	second	doctor pres	sent, as requi	red under 1C 10-34-2-3(a)	)(3)			
Date last normal menses began Physician estimate of g							n weeks	5)	Post fe	ertilization ag	e of the fetus (in weeks)	_			
How were the gestation		02/2018	n aga datamai-	ed?		9					7				
ULTRASOUND	onai age	, and post tertilizatio	m age uetermin	cu :											
Was a waiver of conse	nt obtair	ned?	3 <b>I</b> N	Jo.	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No				
Is the patient seeking a					☐ Abı			oerced		Harassed	☐ Trafficked				
Full name of physicia	-	rming termination													
DR. CAROL DELLIN		ning termination (nu	mber and street	t, city. stat	te, and zin	code)									
200 S. MERIDIAN S	-	-		,, , sien	., up	/									
**Date Reported t	o DCS	, if Patient under 1	16 (month, day,	year): _											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/19/2018

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Patient's age**  Married  Patient's age**  Married  Patient age**  Married  Date of pregnancy					City or t	town, of p		ncy terr			County of 1	pregnancy termination  LAKE	
Patient's age** 27		ed Yes • No		ancy term 07/11/201			Educat	ion	ŀ	ligh Scho	ool Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe		Asian White	Black	k or Afric	an Ameri	can	Uni			y anic or Latino Hispanic or L		
Live Births:	N	umber of spontaneou	1 s terminations							uced termi	nations		
Other Termination	15:	ot include this termin	1	an sir 16	) those m	ost magani	f )	Tuillo			2		
2014		UNKNOWN	3. UNKN		, inose m	4. <u></u>	.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					compli	y preexisting cate the abo	-	nditions of the patient that may	
Fetus viable?		If viable, medical	reason for termi	ination:					N/A				
Yes •	No	ii viuoto, inoutour	. • • • • • • • • • • • • • • • • • • •							None		regnancy Termination  Uterine Perforation	
Pathological examir	nation	If yes, results:								Hemorrhag Infection	ge ∐	Cervical Laceration Retained Products	
performed?	No									Other (Spec	_	returned 1 routers	
									Did thi ☐ Ye			ncy result in a maternal death?	
				Tvne	of Termi	nation Pro	ocedur	es					
Procedure that Term				that Te	minated P	regnancy							
Medical (Nons						Mifepriston							
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)										Misoprosto Other ( <i>Spec</i>			
											nswer the foll	lowing question	
☐ The manufactur	er's insti	ructions provided to	-			☐ The	e manu	ıfacture	er's instr	uctions pro	vided to the	_	
The patient sign  Medical (Surgi										itient agree ion Curetta			
	cal) Mei	nstrual Aspiration			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
	car) Our	ы (зресцу)				Medical (Surgical) Other (Spectyy)							
For Medical (Surgio	al) proce	edures, answer the fo	llowing question	n.			,	-				ving question.	
	le or hav ■ No	e a post fertilization	age at least 20 v	veeks?		Was	the fet		le or hav 7 No	e a post fe	rtilization age	e at least 20 weeks?	
If the previous ques	tion was	answered yes, comp		g questio	ns.	If the p	_	_	_	nswered y	es, complete	the following questions.	
Was the fetus given ☐ Yes [		opportunity to survi	ve?			Was t	he fetu	is given es	the best No	opportuni	ty to survive?		
	ired the	determination that procedure to avert of				condi	tion th		ired the			e pregnant woman had a th or serious impairment to	
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List th	e name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)	
Date last normal menses began  04/13/2018  Physician estima						e of gesta	tion (in	n weeks	:)	Post fe	ertilization ag	e of the fetus (in weeks)	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								_	
Was a waiver of cons	ent obtai	ned?	s 🔳 N	0	Was	a waiver	of noti	fication	n obtain	ed?	☐ Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the follow	wing?	☐ Abu	ised		□ C	oerced		Harassed	Trafficked	
Full name of physic DR. MANDY GITTI	_	orming termination											
		ming termination (nu	mber and street,	city, stat	e, and zip	code)							
8645 CONNECTIO	UT STF	REET, MERRILLVI	LLE, IN 46410	) 									
**Date Reported	to DCS	s, if Patient under 1	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Patient's age** Married Date of pregnancy					City or town, of pregnancy termination  MERRILLVILLE  ermination  Education					oregnancy termination  LAKE	
Patient's age**	Marrie	d	Date of pregn	ancy termi	ination	Educa	tion					
31	_	Yes No		07/11/201						ollege, No D	)egree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black ■ Other		an American		known	☐ Not I	y anic or Latino Hispanic or L		
Live Births:	N	umber now living	2				Numb	er now c	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 0		
Dates of termination	ns (Do no	t include this termin	ation. If more ti	han six (6)	), those m	ost recent.)						
ı. <b>2017</b>	2	·				4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:				compli	y preexistin cate the abo	-	nditions of the patient that may	
Fetus viable?		If viable, medical	ransan far tarm	ination:				n/a				
Yes •	No	ii viable, illedical	reason for term	iiiiatioii.					Compli	cation(s) of P	regnancy Termination	
									None		Uterine Perforation	
Pathological examin	nation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration	
performed?	iation	ii yes, iesuits.						_	Infection		Retained Products	
☐ Yes ■	No							□ '	Other (Spec	cify)		
								Did thi ☐ Ye	s terminati		ncy result in a maternal death?	
		<u> </u>						те	s 🔳 N	0		
				Туре	of Termi	nation Procedu						
Procedure that Term						Additional Pr				•		
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprosto			
☐ Medical (Nons	urgical)	Other (Specify)			Medical (Nonsurgical) Other (Specify)							
For Medical (Nonsu	_ , 1		0 1	estion							owing question	
Check the box indic	-	_	_			Check the bo				items were covided to the		
The patient sign		uctions provided to tient agreement	tne patient						atient agree		patient	
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge		
☐ Medical (Surgi ☐ Medical (Surgi		strual Aspiration							strual Aspi	ration		
	cui) oui	or (Specify)				☐ Medical (Surgical) Other (Specify)						
For Medical (Surgio						For Medical	_					
	le or have	e a post fertilization	age at least 20 v	weeks?		Was the fe		le or hav ] No	e a post fei	tilization age	at least 20 weeks?	
If the previous ques	_	answered yes, comp	lete the following	ng questio	ns.	_			inswered y	es, complete t	the following questions.	
	n the best ☐ No	opportunity to survi	ve?						opportunit	y to survive?		
	_						Yes [					
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to	
the pregnant woman		- ' '				the pregnan			r		impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
n/a		<u> </u>										
Date last normal me	-	an <b>25/2018</b>		Physicia	n estimat	e of gestation (i	n weeks	s)	Post fe	ertilization age	e of the fetus (in weeks)	
How were the gesta		6					4					
ULTRASOUND	45	p 500 101 minute										
Was a waiver of cons	sent obtain	ned?	s • N	Jo	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No	
Is the patient seeking					Abı			Coerced		Harassed	☐ Trafficked	
Full name of physic												
DR. MANDY GITT												
Address of physicia 8645 CONNECTIO	-	-			$e$ , and $\overline{zip}$	code)						
3043 CONNECTIO	אופוט	LEI, WERRILLVI	LLE, IN 40410									
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Patient's age** Married Date of pregnancy					City or town, of pregnancy termination  MERRILLVILLE  termination Education					pregnancy termination  LAKE	
Patient's age**	Marrie	d	Date of pregn	ancy termi	ination	Educa	tion					
29		Yes No	(	07/11/201	8			De	,	Professiona	ıl Degree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	■ Not I	/ anic or Latino Hispanic or La		
Live Births:	N	umber now living	0					er now c		0		
Other Termination	ns: N	umber of spontaneou	is terminations 1				Numb	er of ind	uced termi	nations <b>0</b>		
Dates of termination  1. UNKNOWN		ot include this termin						5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may	
7		xa : 11						N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Complic	cation(s) of P	regnancy Termination	
								• 1	None		Uterine Perforation	
Pathological examin	nation	If you regulte:							Hemorrhag	e 🗆	Cervical Laceration	
performed?	nation	If yes, results:						_	Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal death?	
		<u> </u>						☐ Ye	s 🔳 N	υ		
				Type	of Termi	nation Procedur						
Procedure that Term		• •				Additional Pr				•		
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprostol			
Medical (Nons								Other (Spec				
		rocedures, answer th		estion							lowing question	
	-	e following items we	_			Check the bo				items were c vided to the		
The patient sign		ructions provided to tient agreement	tne patient						itient agree		patient	
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi	ration		
	icur) our	or (Specify)				Medical (Surgical) Other (Specify)						
, -		edures, answer the fo	• 1			For Medical						
	le or have No	e a post fertilization	age at least 20 v	weeks?		Was the fe		le or hav  No	e a post fer	tilization age	e at least 20 weeks?	
	_	answered yes, comp	lete the following	ng question	ns.	_			nswered ye	es, complete t	the following questions.	
	n the best □No	opportunity to survi	ve?						opportunit	y to survive?		
	_		a	-	,		Yes [					
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to	
the pregnant woman						the pregnan					r	
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
N/A		<u> </u>										
Date last normal me	_	an <b>28/2018</b>		Physicia	n estimat	e of gestation (i	n weeks	s)	Post fe	rtilization age	e of the fetus (in weeks)	
How were the gesta		e and post fertilization	on age determin	ed?		7					5	
ULTRASOUND		- F										
Was a waiver of cons	sent obtain	ned?	s • N	Jo	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No	
		on as a result of being			Abu			Coerced		Harassed	☐ Trafficked	
Full name of physic												
DR. MANDY GITT												
Address of physicia 8645 CONNECTIO	-	ning termination (nu REET, MERRILLVI			e, and zip	code)						
23.3 33.11.20110		,	, +0+10									
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address OF MERR	•	ECTICUT STREET,		town, of pregna	ancy ter	mination	County of pregnancy termination LAKE		
Patient's age**	Marrie	d	Date of pregnancy	y termination	Educa	tion				
19		Yes No	07/1	11/2018				ool Diploma or GED		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	Black or Afric Other	an American		nknown 🔳 Not	ty panic or Latino Hispanic or Latino 🔲 Unknown		
Live Births:	N	umber now living	0			Numl	ber now deceased	0		
Other Termination	ns: N	umber of spontaneo	ous terminations			Numl	ber of induced term	inations 0		
Dates of termination	ns (Do no	ot include this termin	nation. If more than	six (6), those m	ost recent.)	1		<u> </u>		
1	2		3		4		5	6		
Fetus delivered alive		If yes, length of t	ime fetus survived:				List any preexisti complicate the ab	ng medical conditions of the patient that may portion		
E 4 : 11.0		TC 1.11					N/A			
Fetus viable?  Yes	No	If viable, medical	l reason for terminat	ion:			Compl	ication(s) of Pregnancy Termination		
							■ None	☐ Uterine Perforation		
Pathological examir	nation	If yes, results:					Hemorrha			
performed?		11 900, 1000110.					☐ Infection ☐ Other (Spe	Retained Products		
☐ Yes ■	No						Other (Spe	ectfy)		
							Did this terminat  ☐ Yes ■ N	ion of pregnancy result in a maternal death?		
		1						10		
Procedure that Term	inot-JP	ragnor		Type of Termi	nation Procedu		a that Tarris ( 1.1	Prognancy		
Medical (Nonse							e that Terminated I orgical) Mifepristo	• •		
Medical (Nons)	urgical)	Misoprostol			(Nonsu	irgical) Misoprosto	ol			
Medical (Nons	urgical)	Other (Specify)		Medical	Medical (Nonsurgical) Other (Specify)					
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed										
The manufactur			the patient				_	ovided to the patient		
The patient sign  Medical (Surgi							ned the patient agre cal) Suction Curett			
☐ Medical (Surgi	cal) Mer	nstrual Aspiration			☐ Medical	(Surgio	cal) Menstrual Asp	piration		
Medical (Surgi	cal) Oth	er (Specify)			Medical (Surgical) Other (Specify)					
For Medical (Surgio	cal) proce	edures, answer the fo	ollowing question.		For Medical	(Surgic	al) procedures, ans	wer the following question.		
Was the fetus viab  ☐ Yes		e a post fertilization	age at least 20 week	ks?		tus viat Zes – [		ertilization age at least 20 weeks?		
If the previous ques		answered yes, comp	olete the following q	uestions.	_	_		yes, complete the following questions.		
Was the fetus given		opportunity to survi	ive?				n the best opportun	ity to survive?		
	□No					Yes [	□ No			
	ired the		the pregnant wor death or serious im			hat requ	uired the procedure	ation that the pregnant woman had a e to avert death or serious impairment to		
List the name of the	second d	octor present, as requ	nired under IC 16-34-	-2-3(a)(3)	List the nam	e of the	e second doctor pre	esent, as required under IC 16-34-2-3(a)(3)		
Date last normal me	_		Ph	nysician estimat	-	in week	s) Post f	Pertilization age of the fetus (in weeks)		
How were the gesta		07/2018	on age determined?		9			7		
ULTRASOUND	tional ago	e and post returnzan	on age determined:							
Was a waiver of cons					a waiver of not			Yes No		
Is the patient seeking			g any of the following	g?	usea	⊔ (	Coerced	Harassed Trafficked		
Full name of physic <b>DR. MANDY GITTI</b>	_	iming termination								
Address of physicia	-	=		ty, state, and zip	code)					
8645 CONNECTIO	UT STR	KEET, MERRILLV	ILLE, IN 46410							
**Date Reported	to DCS	, if Patient under	16 (month, day, yea	ur):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2018

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410  Patient's age**  Married  Date of pregnanc					MERRILLVILLE				County of p	oregnancy termination  LAKE		
Patient's age** 26		d Yes No		ancy term 07/11/201		Edu	ucation		Bach	elor's Degr	ee	
	n or Othe		Asian White	☐ Black		an Americai	Uı	nknown ber now d	■ Not I	/ anic or Latino Hispanic or L		
Live Births:	N	umber of spontaneou	0						uced termi	0 nations		
Other Termination	15.	•	1		\ .#		INUIII	oci oi ilia	ucca termi	0		
Dates of termination	1S ( <i>Do no</i> 2	t incluae this termin	ation. If more th	ian six (0)	), those m	ost recent.) 4.		5.			6.	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				compli	y preexistin		ditions of the patient that may	
Fetus viable?		If viable, medical	reason for termi	ination:				N/A				
Yes Yes	No	ii viable, incurcar	reason for terms	mation.					None		regnancy Termination Uterine Perforation Cervical Laceration	
Pathological examin	nation	If yes, results:							Hemorrhag Infection	е <u> </u>	Retained Products	
performed?  Yes	No							_	Other (Spec	_	Tourist Trouble	
								Did this			ncy result in a maternal death?	
				Type	of Termi	nation Proce	dures					
Procedure that Term	ninated P	regnancy		7.5				re that Ter	minated Pi	regnancy		
Medical (Nonsi									Aigenrestel			
Medical (Nonsi					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient  For Medical (Nonsurgical) procedu Check the box indicating the following items were completed The manufacturer's instruction										items were c	ompleted	
■ The patient sign	ed the pa	tient agreement							tient agree			
Medical (Surgion Medica	cal) Mer	nstrual Aspiration				<ul> <li>☐ Medical (Surgical) Suction Curettage</li> <li>☐ Medical (Surgical) Menstrual Aspiration</li> <li>☐ Medical (Surgical) Other (Specify)</li> </ul>						
For Medical (Surgic	al) proce	edures, answer the fo	llowing question	n.		For Medic	al (Surgio	cal) proced	lures answ	er the follow	ing question.	
Was the fetus viab		e a post fertilization	- 1			Was the	fetus vial				at least 20 weeks?	
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to surviv		g questio	ns.	Was the	-	n the best	-	es, complete t y to survive?	the following questions.	
	ired the	determination that procedure to avert of				conditio		uired the			e pregnant woman had a h or serious impairment to	
List the name of the	(3)	List the n	ame of the	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)					
Date last normal me	nn estimat	e of gestatio	n (in week	ks)	Post fe	rtilization age	e of the fetus (in weeks)  5					
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons					Was	a waiver of				Yes	■ No	
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic <b>DR. MANDY GITTI</b>	-	rming termination										
Address of physicia 8645 CONNECTIO	-	-			e, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Patient's age** Married Date of pregnancy					City or town, of pregnancy termination  MERRILLVILLE  termination Education					pregnancy termination <b>LAKE</b>	
Patient's age**	Marrie	d	Date of pregn	ancy termi	ination	Educa	tion					
24	_	Yes No		07/11/201						ollege, No D	)egree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black		an American		known	■ Not I	/ anic or Latino Hispanic or L		
Live Births:	N	umber now living	0				Numb	er now d	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of ind	uced termi	nations 2		
		t include this termin	ation. If more ti	han six (6),	, those m	ost recent.)				<del></del>		
1. <b>2017</b>	2	UNKNOWN	3			4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may	
Fetus viable?		If-i-bllil	C t	·				N/A				
Yes •	No	If viable, medical	reason for term	ination:				-	Complia	cation(s) of P	regnancy Termination	
								<b>•</b> ]	None		Uterine Perforation	
Pathological examir	action	If yes, results:							Hemorrhag	е 🗆	Cervical Laceration	
performed?	nation	II yes, results:							Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal death?	
								☐ Ye	s 🔳 N	υ		
				Type	of Termi	nation Procedur						
Procedure that Term						Additional Pr				•		
Medical (Nonsi									Mifepriston Misoprostol			
Medical (Nons								Other (Spec				
For Medical (Nonsu	ırgical) pı	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pro	ocedures, a	nswer the foll	lowing question	
	_	e following items we	_			Check the bo						
☐ The manufactur☐ The patient sign		uctions provided to	the patient						actions pro itient agree	vided to the property	patient	
Medical (Surgi									ion Curetta			
Medical (Surgi	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi			
Medical (Surgi	cai) Otn	er (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgio	cal) proce	dures, answer the fo	llowing questio	n.		For Medical	(Surgica	al) proced	dures, answ	er the follow	/ing question.	
		e a post fertilization	age at least 20 v	weeks?					e a post fer	tilization age	e at least 20 weeks?	
	■ No tion was	answered yes, comp	lete the following	ng question	ns.	☐ Y  If the previou		☐ No ion was a	nswered y	es, complete	the following questions.	
Was the fetus given	the best	opportunity to surviv		0 1		Was the fett	us giver	the best		y to survive?	• •	
□Yes [	□No						Yes [	No				
		determination that									e pregnant woman had a	
the pregnant woman		procedure to avert of	icaui oi serious	ыпракте	ли ю	condition the the pregnan			procedure	to avert deat	th or serious impairment to	
						1 -5	-					
List the name -fu	L Lecono	octor procest as	irad undar IO 10	34 2 2(=)/	(3)	List the	a of th	LEGGG	doctor	ant or ===	red under IC 16 24 2 2(-)(2)	
N/A	second d	octor present, as requi	nea unaen 10-16	-54-2-3(a)(	(3)	List the nam	or the	second	uocioi pres	om, as requii	red under IC 16-34-2-3(a)(3)	
Date last normal me	enses beg	an		Physician	n estimat	e of gestation (i	in weeks	5)	Post fe	rtilization ag	ge of the fetus (in weeks)	
		13					11					
How were the gesta	tional age	e and post fertilization	on age determin	ed?	_			_				
ULTRASOUND					T							
Was a waiver of cons						a waiver of not			ed?	Yes	■ No	
Is the patient seeking			any of the follo	owing?	☐ Abu	isea		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. MANDY GITTI	-	rming termination										
Address of physicia		ning termination (nu	mber and street	t, city, state	e, and zip	code)						
8645 CONNECTIO	UT STR	EET, MERRILLVI	LLE, IN 46410	0								
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410						City or town, of pregnancy termination  MERRILLVILLE  termination Education					oregnancy termination  LAKE	
Patient's age**	Marrie	·d	Date of pregn	ancy termi	ination	Educa	tion					
29		Yes No	(	07/11/201	8			H		ol Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black		an American		known	■ Not I	y anic or Latino Hispanic or La		
Live Births:	N	umber now living	0				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	han six (6),	, those m	ost recent.)						
1						4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	ditions of the patient that may	
7			0 :					N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination	
									None		Uterine Perforation	
Pathological examin	nation	If you regulte:							Hemorrhag	e 🗆	Cervical Laceration	
performed?	nation	If yes, results:						_	Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal death?	
		1						☐ Ye	s 🔳 N	υ		
				Type	of Termi	nation Procedur						
Procedure that Term		• •				Additional Pr				•		
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprosto			
Medical (Nons			Medical (Nonsurgical) Other (Specify)									
,	-	rocedures, answer th	U 1	estion							owing question	
	-	e following items we	-			Check the bo		_	_	items were covided to the	_	
The manufactur		ructions provided to tient agreement	tne patient						atient agree	-	patient	
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi	ration		
	icur) our	or (Specify)				Medical (Surgical) Other (Specify)						
, -		edures, answer the fo	• .			For Medical						
	le or hav	e a post fertilization	age at least 20 v	weeks'?		Was the fe		le or hav ] No	e a post fei	tilization age	at least 20 weeks?	
	_	answered yes, comp	lete the following	ng questior	1S.	_			inswered y	es, complete t	the following questions.	
	n the best ☐ No	opportunity to survi	ve?						opportunit	y to survive?		
	_						Yes [					
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to	
the pregnant woman		-				the pregnan			r			
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
N/A	<u> </u>											
Date last normal me	_	an 10/2018		Physician	n estimat	e of gestation (i	n weeks	s)	Post fe	ertilization age	e of the fetus (in weeks)	
How were the gesta	9					7						
ULTRASOUND		poor restamenti										
Was a waiver of cons	sent obtain	ned?	s • N	Jo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
		on as a result of being			Abu			oerced		Harassed	☐ Trafficked	
Full name of physic												
DR. MANDY GITT												
Address of physicia 8645 CONNECTIO	-	ning termination (nu REET, MERRILLVI			e, and zip	code)						
			, 10410	- 								
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410						City or town, of pregnancy termination  MERRILLVILLE  / termination Education					pregnancy termination  LAKE	
Patient's age**	Marrie	ed .	Date of pregn	ancy termi	ination	Educa	tion					
26		☐ Yes ■ No	(	07/11/201	8					ter's Degre	;e	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Black		an American		known	■ Not I	nic or Latino Hispanic or L		
Live Births:	N	umber now living	0					er now o		0		
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	er of ind	uced termi	nations <b>2</b>		
Dates of termination  1. 2016		ot include this termina 2018	ation. If more th					5			6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may	
Fetus viable?		Terialla andical	C 4	·				n/a				
Yes •	No	If viable, medical	reason for term	ination:				-	Complic	cation(s) of P	regnancy Termination	
									None		Uterine Perforation	
Pathological examir	nation	If yes, results:							Hemorrhag	e 🗆	Cervical Laceration	
performed?	iution	ii yes, resuits.						_	Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
								Did thi ☐ Ye			ncy result in a maternal death?	
				Trosc	of Torm:	nation Procedur	rec					
Procedure that Term	ninated P	regnancy		1 ype	OI ICIIIII	Additional Procedure		that Te	minated Pr	egnancy		
☐ Medical (Nons									Mifepriston	•		
☐ Medical (Nons								Misoprostol				
ivicultar (140iis)			☐ Medical (Nonsurgical) Other (Specify)									
For Medical (Nonsurgical) procedures, answer the following question  For Medical (Nonsurgical) procedures, answer the following question											lavvina avastian	
		e following items we		Stion		Check the bo						
		ructions provided to	the patient						-	vided to the	patient	
The patient sign  Medical (Surgi									itient agree ion Curetta			
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi			
Medical (Surgi	cal) Oth	er (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questio	n.		For Medical	(Surgica	al) proce	dures, answ	ver the follow	ving question.	
	le or hav	e a post fertilization	age at least 20 v	weeks?		Was the fet		le or hav  No	e a post fer	tilization age	e at least 20 weeks?	
	_	answered yes, compl	lete the following	ng question	ns.	_			inswered ye	es, complete	the following questions.	
	the best	opportunity to surviv	ve?						opportunit	y to survive?		
	_	1	a		,		Yes [					
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to	
the pregnant woman						the pregnan			•		1	
	second d	octor present, as requi	ired under IC 16	-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	ent, as requi	red under IC 16-34-2-3(a)(3)	
n/a				DI		<u> </u>		`	T #		6.1 6.4 (1)	
Date last normal me	_	an <b>01/2018</b>		Physicia	n estimat	e of gestation (i	n weeks	5)	Post fe	rtilization ag	e of the fetus (in weeks)  3	
How were the gesta		e and post fertilization	n age determin	ed?		<u></u>						
ULTRASOUND												
Was a waiver of cons					Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abu	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. MANDY GITTI	-	rming termination										
		ning termination (nu	mber and street	, city, state	e, and zip	code)						
8645 CONNECTIO	-	-										
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNE		City or t	town, of pre	gnancy te			County of p	oregnancy termination  LAKE		
Patient's age** 28	Marrie	d Yes No	Date of pregna	ncy term		Ed	ucation		Asso	ociate Degre	ee	
	n or Othe	ka Native r Pacific Islander umber now living	Asian White	☐ Black		an America	U	nknown	■ Not I	/ anic or Latino Hispanic or L		
Live Births:	N	umber of spontaneon	2 us terminations						luced termi	nations		
Other Termination  Dates of termination	15.		0	an siv (6	those m	ost recent \	1 van	or or me	iucea terriri	1		
1. UNKNOWN	2		3	un six (0)	, inose mo	4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				compli	y preexistin cate the abo		ditions of the patient that may	
Fetus viable?		If viable, medical	reason for termi	nation:				N/A				
☐ Yes ■	No								None		regnancy Termination  Uterine Perforation	
Pathological examin	nation	If yes, results:							Hemorrhag Infection	e 📙	Cervical Laceration Retained Products	
performed?  Yes	No							_	Other (Spec	_	Tourist Trouble	
								Did thi			ncy result in a maternal death?	
				Type	pe of Termination Procedures							
Procedure that Term	ninated P	regnancy	J1 -				re that Te	rminated Pi	regnancy			
<ul><li>Medical (Nons)</li><li>Medical (Nons)</li><li>Medical (Nons)</li></ul>	urgical)	Misoprostol				☐ Medi	cal (Nons	urgical) l	Mifepriston Misoprostol Other (Spec	[		
	8 )	(-1 · 3)						8 )	(	307		
For Medical (Nonsu Check the box indic	cating the		ere completed	stion		Check the	box indi	cating the	following	nswer the foll items were c vided to the J	_	
The patient sign						The patient signed the patient agreement  Medical (Surgical) Suction Curettage						
Medical (Surgion Medica	cal) Mer	nstrual Aspiration										
For Medical (Surgic	cal) proce	edures, answer the fo	llowing question	1.		For Medic	cal (Surgio	cal) proce	dures, answ	er the follow	ing question.	
Was the fetus viab		e a post fertilization	• .			Was the	e fetus via				at least 20 weeks?	
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		g questio	ns.	Was the	-	en the best	-	es, complete t y to survive?	the following questions.	
	ired the	determination that procedure to avert of				conditio		uired the			e pregnant woman had a h or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the n	ame of th	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	n estimat	e of gestatio	n (in weel	ks)	Post fe	rtilization age	e of the fetus (in weeks)  5					
How were the gestational age and post fertilization age determined?  ULTRASOUND												
Was a waiver of cons		10.				a waiver of				Yes	■ No	
Is the patient seeking			g any of the follow	wing'?	☐ Abu	ised		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. MANDY GITTI	-	rming termination										
Address of physician 8645 CONNECTION	-	-			e, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNE		City or t	town, of pre	gnancy te		1	County of p	oregnancy termination  LAKE		
Patient's age** 31	Marrie	d Yes No	Date of pregna	ncy term 7/11/201		Ed	ucation		High Scho	ol Diploma	or GED	
	n or Othe	ka Native or Pacific Islander umber now living	Asian White	☐ Blac		an America	U	Inknown ber now		/ anic or Latino Hispanic or L		
Live Births:	N	umber of spontaneou	1 us terminations				Nun	nber of in	duced termi	nations		
Other Termination  Dates of termination	15.		0	an ain (6	1.000	aat waaawt \	Tun	1001 01 111		0		
1	1S ( <i>Do no</i>	n inciuae inis iermin 	3	an six (0)	), inose m	4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					ny preexistin		ditions of the patient that may	
Fetus viable?		If viable, medical	rassan for tarmi	nation:				N/A				
Yes Yes	No	ii viable, inculcat	reason for termi	nation.					None		regnancy Termination  Uterine Perforation	
Pathological examin	nation	If yes, results:						1	Hemorrhag Infection	e 📙	Cervical Laceration Retained Products	
performed?  Yes	No								Other (Spec	_	retained Froducts	
								Did th			ncy result in a maternal death?	
	Type	rpe of Termination Procedures										
Procedure that Term	ninated P	regnancy		71				re that Te	erminated Pr	regnancy		
Medical (Nonsi									Mifepriston			
Medical (Nonsi						Misoprostol Other (Spec						
For Medical (Nonsu Check the box indic	cating the	e following items we	ere completed	stion		Check the	box indi	cating th	e following	items were c	_	
■ The manufactur ■ The patient sign			the patient			☐ The manufacturer's instructions provided to the patient ☐ The patient signed the patient agreement						
☐ Medical (Surgion	cal) Suc	tion Curettage				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
		edures, answer the for e a post fertilization	• .			Was the	e fetus via			ver the follow tilization age	ing question. at least 20 weeks?	
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		g questio	ns.	Was the	-	en the bes	-	es, complete to y to survive?	the following questions.	
	ired the	determination that procedure to avert of				conditio		quired the			pregnant woman had a h or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the r	ame of th	ne second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal menses began Physician e 05/15/2018						e of gestatio	n (in wee	ks)	Post fe	rtilization age	e of the fetus (in weeks)  6	
How were the gestational age and post fertilization age determined?  ULTRASOUND												
Was a waiver of cons		10.				a waiver of				Yes	■ No	
Is the patient seeking			g any of the follow	wing?	Abu	ised		Coerced		Harassed	☐ Trafficked	
Full name of physic <b>DR. MANDY GITTI</b>	-	rming termination										
Address of physician performing termination (number and street, city, state, an 8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410						code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/19/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	RILLVILLE - 8645 CONNE	CTICUT STREET,		City or t	own, of pr		cy term			County of 1	pregnancy termination  LAKE
Patient's age** 22	Marrie [	ed Yes No	ncy termi		Е	ducatio	on	Н	igh Scho	ool Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe		Asian White	☐ Black		an Americ		Unk	nown er now d	■ Not l	y anic or Latino Hispanic or L	
Live Births:	N		0							uced termi	0 nations	
Other Termination	15.	umber of spontaneon	0					Nullioc	or mu	uceu terriri	0	
Dates of termination	ns ( <i>Do no</i>	ot include this termin ,	ation. If more the	an six (6)	), those me	ost recent., 4	)		5			6
Fetus delivered alive		If yes, length of ti		d:						preexisting preexi	-	nditions of the patient that may
									N/A			
Fetus viable?  ☐ Yes ■	No	If viable, medical	reason for termi	nation:						None		Pregnancy Termination  Uterine Perforation
Pathological examir	nation	If yes, results:							_	Hemorrhag	_	Cervical Laceration Retained Products
performed?									_	nfection Other (Spec	cify)	Retained Products
									Did this			ncy result in a maternal death?
	ype of Termination Procedures											
Procedure that Term	of Termin				that To-	minated Pr	regnancy					
Medical (Nons)							lifepriston					
Medical (Nonsi		☐ Med	dical (N	Nonsur	gical) M	Tisoprosto other (Spec	l					
For Medical (Nonsu Check the box indic	cating the		ere completed	stion		Check th	ne box	indica	ting the	following	nswer the followitems were covided to the	_
■ The patient sign					The patient signed the patient agreement							
☐ Medical (Surgi☐ Medical (Su	cal) Mei	nstrual Aspiration				<ul> <li>☐ Medical (Surgical) Suction Curettage</li> <li>☐ Medical (Surgical) Menstrual Aspiration</li> <li>☐ Medical (Surgical) Other (Specify)</li> </ul>						
For Medical (Surgic	al) proces	duras anavyar tha fa	llavvina avastian			F . M . I	L 1 (C		D		41 . C 11	<del></del>
Was the fetus viab		e a post fertilization	• .			Was tl	,	s viable				ving question. e at least 20 weeks?
If the previous ques  Was the fetus given  ☐ Yes	the best	answered yes, comp opportunity to survi		g question	ns.	Was th	e fetus	-	the best		es, complete ty to survive?	the following questions.
	iired the	determination that procedure to avert of					ion tha	t requi	red the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	34-2-3(a)(	(3)	List the	name	of the	second o	loctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal menses began  05/12/2018  Physician est						e of gestati	ion (in	weeks)	)	Post fe	ertilization ag	ge of the fetus (in weeks)  6
How were the gestational age and post fertilization age determined?  ULTRASOUND										·		
Was a waiver of cons		100			Was	a waiver o	f notif	ication	obtaine	d?	Yes	■ No
Is the patient seeking			any of the follov	ving?	☐ Abu	ised	[	☐ Co	perced		Harassed	☐ Trafficked
Full name of physic DR. MANDY GITTI	-	rming termination										
Address of physicia		ning termination (nu	mber and street,	city, state	e, and zip	code)						
8645 CONNECTIO	UT STF	REET, MERRILLVI	LLE, IN 46410									
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNE	CTICUT STREET,	City or	town, of pregna			County of p	regnancy termination <b>LAKE</b>			
Patient's age**	Marrie	d	Date of pregnancy	termination	Educa	tion						
23	_	Yes No	07/11	/2018				ool Diploma	or GED			
Race American Indian Native Hawaiiar		ka Native r Pacific Islander	= =	Black or Afric	an American	☐ Un		ty panic or Latino Hispanic or La				
Live Births:	N	umber now living	0			Numl	er now deceased	0				
Other Termination	ns: N	umber of spontaneo	us terminations			Numl	per of induced term	inations <b>0</b>				
Dates of termination	ns (Do no	t include this termi	nation. If more than si	ix (6), those m	ost recent.)							
1	2		3		4		5		6			
Fetus delivered alive		If yes, length of t	ime fetus survived:				List any preexisting complicate the ab		ditions of the patient that may			
							N/A					
Fetus viable?  Yes	No	If viable, medical	reason for terminatio	n:			Compli	ication(s) of Pr	egnancy Termination			
							■ None		Uterine Perforation			
Pathological examin	otion	If yes, results:					☐ Hemorrha	ge 🗆	Cervical Laceration			
performed?	iation	ii yes, resuits:					☐ Infection		Retained Products			
☐ Yes ■	No						☐ Other (Spe	ecify)				
									cy result in a maternal death?			
		1					Yes N	10				
n 1 -1				Type of Termi	nation Procedu		4.47	<u> </u>				
Procedure that Term		-					e that Terminated F					
☐ Medical (Nonsu ☐ Medical (Nonsu	urgical)	Misoprostol				rgical) Mifepristor rgical) Misoprosto						
Medical (Nonsu	urgical)	Other (Specify)		☐ Medical	(Nonsu	rgical) Other (Spe	cify)					
			ne following question				gical) procedures, a					
Check the box indic	•	•	•				ating the following er's instructions pro		=			
☐ The patient sign			the patient				ned the patient agree	_				
Medical (Surgio							al) Suction Curetta					
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)			☐ Medical	(Surgic	(al) Menstrual Asp (al) Other (Specify)	iration )				
						, -	, , , ,					
For Medical (Surgic			ollowing question.  age at least 20 weeks	9			al) procedures, answ le or have a post fe					
	■ No	e a post terrinzation	age at least 20 weeks	•	☐ Y	es [	No					
		-	plete the following que	estions.	-	•	•		he following questions.			
Was the fetus given ☐ Yes [	⊓No	opportunity to survi	ive?			us giver Yes [	the best opportuni	ity to survive?				
What was the ha	sis for	determination that	the pregnant woma	an had a	What was	the be	isis for determine	ation that the	pregnant woman had a			
condition that requ	ired the		death or serious impa		condition t	hat requ	ired the procedure		n or serious impairment to			
the pregnant woman	1!				the pregnan	t woma	n?					
List the name of the <b>N/A</b>	second de	octor present, as requ	nired under IC 16-34-2-	-3(a)(3)	List the nam	e of the	second doctor pre	sent, as require	ed under IC 16-34-2-3(a)(3)			
	maga ka-	an	D1	giojan ogtim-t	a of gostation (	in 1110 al-	n) Doot f	artilization a==	e of the fetus (in weeks)			
Date last normal me	_	an <b>04/2018</b>	Phy	siciali estimat	e of gestation (a	ın week.	Post f	crunzation age	of the fetus (in weeks)			
How were the gestat		on age determined?			I							
ULTRASOUND												
Was a waiver of cons	ent obtair	ned?	s • No	Was	a waiver of not	tificatio	n obtained?	Yes	■ No			
Is the patient seeking	an abortio	on as a result of bein	g any of the following?	Abı	used		Coerced	Harassed	☐ Trafficked			
Full name of physic	-	rming termination										
DR. MANDY GITTL  Address of physician		ning termination (n)	umber and street, city,	state, and zin	code)							
8645 CONNECTIO	-	-		c, and 24p	/							
**Date Reported	to DCS	if Patient under	16 (month, day, year)	):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address of MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	town, of pregna	•			County of p	pregnancy termination  LAKE		
Patient's age**	Marrie	d	Date of pregn	ancy termi	nation	Educa	tion						
40	_	Yes No	(	07/11/201	8					ollege, No D	Degree		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American		ıknown	■ Not I	/ anic or Latino Hispanic or L			
Live Births:	N	umber now living	2				Numb	er now d	leceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	per of ind	uced termi	nations 3			
Dates of termination  1. UNKNOWN		ot include this termin	ation. If more th			ost recent.) <sub>4.</sub> <b>UNKNOWN</b>	ı	5			6		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may		
								n/a					
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Complie	cation(s) of P	regnancy Termination		
	110							<b>■</b> 1	None		Uterine Perforation		
Dath alogical avamin	nation	If you would a						I	Hemorrhag	e 🗆	Cervical Laceration		
Pathological examine performed?	nation	If yes, results:							Infection		Retained Products		
☐ Yes ■	No							🗆 (	Other (Spec	cify)			
											ncy result in a maternal death?		
		1			2=	☐ Yes ■ No  Termination Procedures							
Drago Jame 41 4 T	ninet-15	ragnang	Type	of Termin			a +b -+ T	in -4. 1 P					
Procedure that Term  Medical (Nons		• •			Additional Pi			Mifepriston	•				
Medical (Nons	urgical)	Misoprostol			☐ Medical	(Nonsu	rgical) N	// disoprosto	[				
Medical (Nons	urgical)	Other (Specify)				Medical	(Nonsu	irgical) (	Other (Spec	rify)			
Check the box indic	cating the	rocedures, answer the following items we	ere completed	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed									
☐ The manufactur		ructions provided to tient agreement	the patient			☐ The manufacturer's instructions provided to the patient ☐ The patient signed the patient agreement							
Medical (Surgi	ical) Suc	tion Curettage				Medical (Surgical) Suction Curettage							
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
		er (specigy)					(Surgie	<i>(u1)</i>	r (Speedy))				
											·····		
		edures, answer the for e a post fertilization				For Medical					ving question. e at least 20 weeks?		
☐ Yes	■ No	-				☐ Y	es [	No					
		answered yes, comp		ng question	ıs.	_	•				the following questions.		
	⊓ No	opportunity to surviv	ve?				us giver Yes [		opportunit	y to survive?			
condition that requ	uired the	determination that procedure to avert of				condition the	hat requ	ired the			e pregnant woman had a th or serious impairment to		
the pregnant woman	11:					the pregnan	ı woma	n!					
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(	3)	List the nam	e of the	e second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)		
Date last normal me	_	an 27/2018		Physician	n estimate	e of gestation (i	in week:	s)	Post fe	rtilization ag	ge of the fetus (in weeks)		
How were the gesta		7					5						
ULTRASOUND													
Was a waiver of cons						a waiver of not			ed?	Yes	■ No		
		on as a result of being	any of the follo	wing?	Abu	ised		Coerced		Harassed	☐ Trafficked		
Full name of physic DR. MANDY GITT	_	rming termination											
Address of physicia	ın perforn	ning termination (nu			e, and zip	code)							
8645 CONNECTIO	JUI SIR	KEEI, WEKKILLVI	LLE, IN 4641(	U									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	own, of pre	gnancy te		1	County of p	oregnancy termination  LAKE	
Patient's age** 26	Marrie	d Yes No	Date of pregnar	ncy termi 7/11/201		Ed	ucation		Asso	ociate Degre	ee	
	n or Othe	ka Native r Pacific Islander umber now living	☐ Asian ☐ White	■ Black		an America	□ U	Jnknown aber now	■ Not I	/ anic or Latino Hispanic or L		
Live Births:			1						duced termi	0		
Other Termination	15.	umber of spontaneou	0				Null	ibei oi iii	duced termin	0		
Dates of termination	1S ( <i>Do no</i> 2	ot include this termin	ation. If more tha	ın six (6),	, those mo	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti		d:					ny preexistin		ditions of the patient that may	
Fetus viable?		If viable, medical	rangan for tarmin	nation:				N/A				
Yes Yes	No	ii viable, illedical	reason for termin	iation.					None		regnancy Termination Uterine Perforation Cervical Laceration	
Pathological examin	nation	If yes, results:						1	Hemorrhag Infection	г <u>П</u>	Retained Products	
performed?  Yes	No								Other (Spec	_	Tourist Trouble	
								Did th			ncy result in a maternal death?	
	Type	ype of Termination Procedures										
Procedure that Term	ninated P	regnancy		1 ype	or remill			re that Te	erminated Pr	regnancy		
Medical (Nonsi	urgical)	Mifepristone				☐ Medi	cal (Nons	surgical)	Mifepriston	e		
Medical (Nonsi					onsurgical) Misoprostol onsurgical) Other (Specify)							
For Medical (Nonsu Check the box indic	cating the		ere completed	tion		Check the	box indi	cating the	e following	nswer the foll items were c vided to the p	_	
■ The patient sign					The patient signed the patient agreement							
Medical (Surgi	cal) Mer	nstrual Aspiration				<ul> <li>Medical (Surgical) Suction Curettage</li> <li>Medical (Surgical) Menstrual Aspiration</li> <li>Medical (Surgical) Other (Specify)</li> </ul>						
	le or hav	edures, answer the fo	• .			Was the	e fetus via	ible or ha			ing question. at least 20 weeks?	
☐ Yes ☐ If the previous quest	☐ No tion was	answered yes, comp	lete the following	g question	1S.	_	_	☐ No stion was	answered ye	es, complete t	the following questions.	
Was the fetus given  ☐ Yes [		opportunity to surviv	ve?	-			fetus giv		t opportunit	y to survive?		
	ired the	determination that procedure to avert of				conditio		quired the			e pregnant woman had a h or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16-3	34-2-3(a)(	3)	List the n	ame of th	f the second doctor present, as required under IC 16-34-2-3(a)(3)				
Date last normal menses began Physician e 05/22/2018						of gestation	n (in wee	ks)	Post fe	rtilization age	e of the fetus (in weeks) 7	
How were the gestational age and post fertilization age determined?  ULTRASOUND									•			
Was a waiver of cons					<u> </u>	a waiver of				Yes	■ No	
Is the patient seeking			any of the follow	ring?	Abu	sed		Coerced		Harassed	☐ Trafficked	
Full name of physic <b>DR. MANDY GITTI</b>	-	rming termination										
Address of physicia 8645 CONNECTIC	n perforn	-		city, state	e, and zip	code)						
**Date Reported	to DCS	, if Patient under	6 (month, day, y	ear):	_			_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address O OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	town, of pregna	•			County of		ey termination  AKE	
Patient's age**	Marrie	d	Date of pregn	nancy termin	nation	Educa	tion			•			
26		Yes No	(	07/18/2018	8					elor's Deg	ree		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Black		an American	_	ıknown	Not I	y anic or Latin Hispanic or I		Unknown	
Live Births:	N	umber now living	0						deceased	0			
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	per of inc	luced termi	nations <b>1</b>			
Dates of termination 1. 2016		t include this termin	•			ost recent.)		5			6		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin icate the abo		nditions o	of the patient that may	
Fetus viable?  Yes	No	If viable, medical	reason for term	nination:				<u> </u>	Compli	cation(s) of F	Pregnancy	y Termination	
l les 🖹	NO								None			e Perforation	
Pathological avamir	nation	If you regulte:							Hemorrhag	e 🗆	•	cal Laceration	
Pathological examin performed?	iation	If yes, results:							Infection		] Retain	ed Products	
☐ Yes ■	No								Other (Spec	cify)			
								Did thi			ncy resul	t in a maternal death?	
	of Termi	ermination Procedures											
Procedure that Term	ninated P	regnancy		J.F.	-	Additional Pr		e that Te	rminated P	regnancy			
Medical (Nons							Mifepriston						
☐ Medical (Nons ☐ Medical (Nons								Misoprosto Other (Spec					
For Medical (Nonsu	ırgical) pı	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the fol	lowing q	uestion	
Check the box indic	_	=	_			Check the bo		_	_		-	d	
☐ The manufacture ☐ The patient sign		uctions provided to tient agreement	the patient			The manufacturer's instructions provided to the patient The patient signed the patient agreement							
Medical (Surgi									ion Curetta				
Medical (Surgi		nstrual Aspiration er (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgio	cal) proce	dures, answer the fo	llowing question	on.		For Medical (	Surgice	al) proce	dures answ	ver the follow	ving anes	stion	
		e a post fertilization								tilization ag			
	No tion was	answered yes, comp	lete the followi	ng question	19	_	es [		answered v	es complete	the follo	wing questions.	
Was the fetus given	the best	opportunity to surviv		ng question		_	-		-	ty to survive?		wing questions.	
□Yes	□No						Yes [	□ No					
	aired the	determination that procedure to avert of					nat requ	aired the				ant woman had a ious impairment to	
List the name of the <b>na</b>	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(3	3)	List the nam	e of the	e second	doctor pres	sent, as requi	ired unde	er IC 16-34-2-3(a)(3)	
Date last normal me	_	an <b>23/2018</b>		Physician	n estimate	e of gestation (i	n week.	s)	Post fe	rtilization ag		fetus (in weeks)	
How were the gesta		7					5						
ULTRASOUND													
Was a waiver of cons	sent obtain	ned?	: I N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	0	
Is the patient seeking	an aborti	on as a result of being	any of the follo	owing?	☐ Abu	ised		Coerced		Harassed	П	rafficked	
Full name of physic	-	rming termination											
Address of physicia		ning termination (nu	mber and street	t, city, state	, and zip	code)							
8645 CONNECTIO	-	-											
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address OF MERR	ILLVILLE - 8645 CONNE	CTICUT STREET,		City or t	town, of pregna	•			County of p	pregnancy termination  LAKE		
Patient's age**	Marrie	d	Date of pregn	ancy termi	nation	Educa	tion						
24	_	Yes No	(	07/11/201	8					ollege, No D	)egree		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Black		an American		known	■ Not I	y anic or Latino Hispanic or L			
Live Births:	N	umber now living	0				Numb	er now d	eceased	0			
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of ind	uced termi	nations 0			
Dates of termination	ns (Do no	t include this termin	ation. If more th	han six (6),	those me	ost recent.)							
1	2					4		5			6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may		
Fetus viable?		Ifi-l-1	C 4	·				n/a					
Yes •	No	If viable, medical	reason for term	imation:				-	Complia	cation(s) of P	regnancy Termination		
								<b>•</b> 1	None		Uterine Perforation		
Pathological examir	nation	If yes, results:			Hemorrhage Cervical Laceration								
performed?	iution	ii yes, resuits.							nfection		Retained Products		
☐ Yes ■	No								Other (Spec	cify)			
								Did thi			ncy result in a maternal death?		
		1		Т	of T '	ermination Procedures							
Procedure that Term	ninated D	regnancy	ı ype	oi termii	Additional Procedure		that Tor	minated De	regnancy				
☐ Medical (Nons								Aifepriston					
Medical (Nons	urgical)	Misoprostol			☐ Medical	(Nonsu	rgical) N	/lisoprostol	l				
Medical (Nons	urgicai)	Other ( <i>Specify</i> )			Medical	(Nonsu	rgicai) (	Other (Spec	:tJy)				
For Medical (Nonsu	raical) n	rocaduras answar th	e following aug	etion		For Medical (	Noncur	raical) pro	ocaduras a	newar tha foll	lowing question		
Check the box indic				Stion		Check the bo							
		ructions provided to	the patient			☐ The manufacturer's instructions provided to the patient							
The patient sign  Medical (Surgi						☐ The patient signed the patient agreement ☐ Medical (Surgical) Suction Curettage							
Medical (Surgi	cal) Mer	strual Aspiration				Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)							
Medical (Surgi	cal) Oth	er (Specify)				Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgio			• .			For Medical							
	le or have	e a post fertilization	age at least 20 v	weeks?		Was the fe		le or hav ] No	e a post fer	rtilization age	e at least 20 weeks?		
If the previous ques	_	answered yes, comp	lete the following	ng questior	ıs.	_			nswered ye	es, complete	the following questions.		
	the best No	opportunity to survi	ve?				us giver Yes [		opportunit	ty to survive?			
		4-4	41-		_ 1								
condition that requ	ired the	determination that procedure to avert of									e pregnant woman had a th or serious impairment to		
the pregnant woman	n?					the pregnan					•		
	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(	3)	List the nam	e of the	second o	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)		
N/A  Date last normal me	mees ba-	an		Dhygiai-	n actionat	e of gestation (i	in 1110 al-	e )	Dogt f-	artilization a-	a of the fature (in weather)		
Date last normal me	ıı estimate	e of gestation ( <i>i</i>	п wеек:	· <i>)</i>	rost te	aunzauon ag	e of the fetus (in weeks)  8						
How were the gesta													
ULTRASOUND													
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No		
Is the patient seeking			any of the follo	wing?	Abu	ısed		Coerced		Harassed	☐ Trafficked		
Full name of physic DR. MANDY GITTI	-	rming termination											
Address of physicia	n perforn	-			e, and zip	code)							
8645 CONNECTIO	UT STR	EET, MERRILLVI	LLE, IN 46410	0									
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERF	RILLVILLE - 8645 CONNE	CTICUT STREET,		City or t	own, of pregna	•			County of pregnar	ncy termination _AKE		
Patient's age**	Marrie		Date of pregnar	•	ation	Educa	tion		_				
Race		Yes No	07	7/11/2018					Some Co Ethnicity	ollege, No Degree	1		
American Indian Native Hawaiian	n or Othe	er Pacific Islander		Black of Other	or Africa	an American		ıknown	Hisp	anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber now living	0					oer now d		0			
Other Termination	ns:	umber of spontaneo	us terminations <b>0</b>				Numl	per of indi	uced termi	nations <b>0</b>			
Dates of termination	ns (Do no	ot include this termin	ation. If more the	an six (6), t	hose mo	ost recent.)							
Fetus delivered alive		If yes, length of ti	me fetus surviveo	d:		4			preexisting		of the patient that may		
								N/A					
Fetus viable?		If viable, medical	reason for termin	nation:				 	Compli	ti(-) -f.D	Titi		
☐ Yes ■	No								Vone	cation(s) of Pregnan	ne Perforation		
									Hemorrhag	<del></del>	ical Laceration		
Pathological examir performed?	nation	If yes, results:						☐ I	nfection	Retai	ined Products		
☐ Yes ■	No								Other (Spe	cify)			
						Did this termination of pregnancy result in a maternal of							
								☐ Yes					
	Type of	rmination Procedures											
Procedure that Term						Additional Pr				-			
Medical (Nonsi									lifepristor Iisoprosto				
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	irgical) C	ther (Spec	rify)			
For Medical (Nonsu	rgical) p	rocedures, answer th	e following ques	tion		For Medical (	Nonsur	gical) pro	cedures, a	nswer the following	question		
Check the box indic	-	•	•					_	_	items were complet			
The manufacture The patient sign		ructions provided to tient agreement	tne patient			☐ The manufacturer's instructions provided to the patient ☐ The patient signed the patient agreement							
Medical (Surgi	cal) Suc	tion Curettage				☐ Medical							
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	cal) proce	edures, answer the fo	llowing question	l.		For Medical	(Surgic	al) proced	lures, ansv	ver the following que	estion.		
Was the fetus viab	le or hav	e a post fertilization				Was the fe	tus viab	ole or have		rtilization age at leas			
☐ Yes  If the previous ques	☐ No tion was	answered yes, comp	lete the following	g questions.		☐ Y If the previou		☐ No ion was a	nswered y	es, complete the foll	owing questions.		
Was the fetus given		opportunity to survi					us giver Yes [		opportunit	ey to survive?			
		determination that				What was	the ba	asis for o			nant woman had a		
the pregnant woman		procedure to avert	death or serious i	impairment	t to	condition to the pregnan			procedure	to avert death or se	erious impairment to		
List the name of the	second d	octor present, as requ	ired under IC 16-3	34-2-3(a)(3)	)	List the nam	e of the	e second d	loctor pres	sent, as required und	der IC 16-34-2-3(a)(3)		
Date last normal me	estimate	e of gestation (	in week.	s)	Post fe	ertilization age of the	e fetus (in weeks)						
ULTRASOUND  05/25/2018  How were the gestational age and post fertilization age determined?									1				
Was a waiver of cons	sent obtai	ned?	s 🔳 No	)	Was	a waiver of not	ificatio	n obtaine	d?	☐ Yes ■ N	No		
Is the patient seeking	an aborti	on as a result of being	g any of the follow	ving?	Abu	sed		Coerced		Harassed	Trafficked		
Full name of physic		orming termination											
DR. MANDY GITTI Address of physicia		ning termination (nu	mber and street.	city, state,	and zip	code)							
8645 CONNECTIO	-	_				•							
**Date Reported	to DCS	, if Patient under	16 (month, day, y	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	town, of pregna	•			County of p	pregnancy termination  LAKE		
Patient's age**	Marrie	d	Date of pregn	ancy termi	ination	Educa	tion						
43	_	Yes No	(	07/11/201	8					ollege, No D	)egree		
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	■ Not I	y anic or Latino Hispanic or L			
Live Births:	N	umber now living	2				Numb	er now d	leceased	0			
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations <b>1</b>			
Dates of termination  1. 2015		t include this termin UNKNOWN				ost recent.)		5			6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin	-	nditions of the patient that may		
								N/A					
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination		
								<b>•</b> 1	None		Uterine Perforation		
D.d. I I		TC I			Hemorrhage Cervical Laceration						Cervical Laceration		
Pathological examin performed?	ation	If yes, results:							Infection		Retained Products		
☐ Yes ■	No								Other (Spec	cify)			
											ncy result in a maternal death?		
		1						☐ Ye	s 🔳 N	0			
		Type	of Termi	nation Procedu									
Procedure that Term						Additional Pr							
<ul><li>Medical (Nonsumer Medical (Nonsumer Medi</li></ul>								Mifepriston Misoprosto					
Medical (Nonsu								Other (Spec					
For Medical (Nonsu	rgical) pi	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pro	ocedures, a	nswer the foll	lowing question		
Check the box indic	_	-	-			Check the bo		_	_		= -		
The manufactur The patient signs			the patient			☐ The manufacturer's instructions provided to the patient ☐ The patient signed the patient agreement							
Medical (Surgio						Medical (Surgical) Suction Curettage							
Medical (Surgio	cal) Mer	strual Aspiration				Medical (Surgical) Menstrual Aspiration							
Medical (Surgio	cal) Oth	er (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) proce	dures, answer the fo	llowing questio	n.		For Medical	(Surgica	al) proced	dures, answ	ver the follow	ving question.		
		e a post fertilization	age at least 20 v	weeks?					e a post fei	rtilization age	e at least 20 weeks?		
Yes [ If the previous quest	☐ No tion was	answered ves. comp	lete the following	ng auestio	ns.	If the previou		☐ No ion was a	nswered v	es, complete t	the following questions.		
		opportunity to surviv				-	•			y to survive?	• •		
☐Yes [	No					Y	Yes [	No					
		determination that									e pregnant woman had a		
the pregnant woman		procedure to avert of	leath or serious	s impairme	ent to	condition the the pregnan			procedure	to avert deat	th or serious impairment to		
						1 - 53n							
Light the man	Lecons	octor present, as requi	irad undan IC 10	24.2.2(=)	(2)	Ligt the	0 0f 4l-	Lacon	dootor	ant car	red under IC 16-34-2-3(a)(3)		
List the name of the	(3)	List the nam	e or me	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)						
Date last normal me	nses beg	an		Physicia	n estimat	e of gestation (i	in weeks	5)	Post fe	ertilization ag	e of the fetus (in weeks)		
		8					6						
How were the gestat													
ULTRASOUND		T											
Was a waiver of cons						a waiver of not			ed?	Yes	■ No		
Is the patient seeking			any of the follo	owing?	☐ Abu	ised		Coerced	L	Harassed	☐ Trafficked		
Full name of physicion DR. MANDY GITTL	-	rming termination											
Address of physician	n perforn	-			e, and zip	code)							
8645 CONNECTIC	UT STR	EET, MERRILLVI	LLE, IN 46410	0							_		
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	own, of pregna	•			County of		y termination		
Patient's age**		d	Date of pregn	ancv termi	nation	Educa								
23	Marrie [	d ☐ Yes ■ No		07/11/201		Lauca		н	igh Scho	ol Diploma	or GED	1		
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Black ■ Other		an American		known	Not I	/ anic or Latin Hispanic or L		☐ Unknown		
Live Births:	Ni	umber now living	1				Numb	er now d	eceased	0				
Other Termination	s: N	umber of spontaneou	us terminations				Numb	per of ind	uced termi	nations 1				
Dates of termination  1. 2017		t include this termin	•			ost recent.)		5			6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					preexisting preexi	-	nditions of	f the patient that may		
Fetus viable?		16i-bl di1	£	·				N/A						
Yes I	No	If viable, medical	reason for term	ination:					None			Termination Perforation		
Pathological examin	ation	If yes, results:							Hemorrhag	e 🗆	'	al Laceration		
performed?		,							nfection Other (Spec	cify)	Retaine	ed Products		
								Did this			ncy result	in a maternal death?		
				Time	of Tarmi	nation Procedur	rec							
Procedure that Term	inated Pi	regnancv		1 ype	or rennin	Additional Pr		e that Ter	minated Pr	regnancv				
Medical (Nonsu	ırgical) l	Mifepristone				☐ Medical	(Nonsu	rgical) N	//ifepriston	e				
<ul><li>Medical (Nonsu</li><li>Medical (Nonsu</li></ul>									Aisoprostol Other ( <i>Spec</i>					
_	υ,	(1 33)				_		,	, 1	307				
For Medical (Nonsur Check the box indic  The manufactur  The patient signs	ating the er's instr ed the pat	following items we uctions provided to tient agreement	ere completed	estion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement								
Medical (Surgion Medical (Surgio	cal) Men	strual Aspiration												
		dures, answer the fo	• .			For Medical ( Was the fe	tus viab			ver the follow				
If the previous quest		answered yes, comp	lete the following	ng questior	ıs.				nswered ye	es, complete	the follow	ving questions.		
Was the fetus given ☐ Yes ☐	the best No	opportunity to survi	ve?				us giver Yes [		opportunit	y to survive?				
What was the bas condition that requ the pregnant woman	ired the						hat requ	ired the				nt woman had a ous impairment to		
List the name of the	second do	octor present, as requ	ired under IC 16	i-34-2-3(a)(	3)	List the nam	e of the	second o	doctor pres	sent, as requi	red under	TC 16-34-2-3(a)(3)		
Date last normal men	_	an 15/2018		Physician	n estimate	e of gestation (i	in weeks	s)	Post fe	rtilization ag	e of the f	etus (in weeks)		
How were the gestat ULTRASOUND	ional age	e and post fertilization	on age determin	ed?										
Was a waiver of conse					Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No			
Is the patient seeking a			any of the follo	wing?	Abu	ised		Coerced		Harassed	☐ Tı	rafficked		
Full name of physician DR. MANDY GITTL	.ER	_	mbon and -to-	t aits eter	. and -:	anda)								
Address of physician 8645 CONNECTIC	-	-			., ана zīp	coue)								
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	atient's age** Married Date of pregnancy					town, of p		ncy tern			County of 1	pregnancy termination  LAKE
Patient's age** 31	31 Yes No 07/11/2018						Educat	ion	ŀ	ligh Scho	ool Diploma	or GED
Race American Indian Native Hawaiian	n or Othe		Asian White	☐ Black	k or Afric	an Ameri	can	Unl			y anic or Latine Hispanic or L	
Live Births:	N	umber of spontaneou	3 s terminations							luced termi	nations	_
Other Termination	15:		0	an ain (6)	1. 41. 000		. )	ivuillo		iucca terriri	2	
Lates of termination		ot include this termin	апоп. If more in 3	an six (0)	), tnose m	ost recent 4	. <i>)</i>		5			6
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					compli	y preexistin cate the abo	-	nditions of the patient that may
Fetus viable?		If viable, medical	reason for termi	nation:					N/A			
Yes Yes	No	ii viuole, inedicai	rouson for terms	ilution.					_	None		Pregnancy Termination Uterine Perforation
Pathological examir	nation	If yes, results:								Hemorrhag Infection	ge ∐	Cervical Laceration Retained Products
performed?  Yes	No									Other (Spec	_	Retained Froducts
									Did thi			ncy result in a maternal death?
				Tyne	of Termi	nation Pro	ocedur	es				
Procedure that Term					that Te	rminated Pr	regnancy					
Medical (Nons							Mifepriston					
Medical (Nonsi						Misoprosto Other (Spec						
☐ Medical (Nonsurgical) Other (Specify)  ☐ Medical (Nonsurgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question  For Medical (Nonsurgical) procedures, answer the following question												
Check the box indic		e following items we ructions provided to	-						_	_	items were covided to the	_
The patient sign					The patient signed the patient agreement							
☐ Medical (Surgi ☐ Medical (Surgi		tion Curettage nstrual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration						
Medical (Surgi	cal) Oth	er (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgic	ual) mraas	duras anaugar tha fa	llavvina avastian			F . M	1: 17	G .	1)	1	d C II	<del> </del>
Was the fetus viab	le or hav	e a post fertilization	• 1				the fet	us viabl	le or hav			ving question. e at least 20 weeks?
	☐ No tion was	answered yes, comp	lete the followin	g questio	ns.	If the p	Y 🔲 Yo	_	] No on was a	nswered y	es, complete	the following questions.
Was the fetus given ☐ Yes [		opportunity to survi	ve?			Was t	he fetu	s given es [	the best No	opportunit	ty to survive?	
	ired the	determination that procedure to avert				condi	tion th		ired the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	34-2-3(a)	(3)	List the	e name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal menses began Physician est 05/03/2018							tion (in	n weeks	)	Post fe	ertilization ag	ge of the fetus (in weeks)
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons					Was	a waiver	of noti	fication	n obtain	ed?	☐ Yes	■ No
Is the patient seeking			any of the follow	wing?	☐ Abu	ısed		□ C	oerced		Harassed	☐ Trafficked
Full name of physic <b>DR. MANDY GITTI</b>	_	rming termination										
Address of physicia	-	-			e, and zip	code)						
8645 CONNECTIO	UI SIF	KEEI, WEKKILLVI	LLE, IN 46410									
**Date Reported	to DCS	, if Patient under	16 (month, day, ;	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Patient's age**	Marrie	:d	Date of pregn	ancy termi	ination	Educa	tion					
24	_	Yes ■ No	(	07/11/201	8					ollege, No D	)egree	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ White	■ Black		an American		known	■ Not I	/ anic or Latino Hispanic or La		
Live Births:	N	umber now living	0				Numb	er now c	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	han six (6),	, those m	ost recent.)						
1	2		3			4		5			6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may	
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Complic	cation(s) of Pr	regnancy Termination	
	110								None		Uterine Perforation	
		10							Hemorrhag	е 🗆	Cervical Laceration	
Pathological examin performed?	nation	If yes, results:							Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal death?	
		<u> </u>						☐ Ye	s 🔳 N	0		
				Type	of Termi	f Termination Procedures						
Procedure that Term		• •				Additional Pr				•		
Medical (Nonsi									Mifepriston Misoprostol			
Medical (Nonsi									Other (Spec			
	_ , 1	rocedures, answer the	U 1	estion							lowing question	
	_	e following items we	-			Check the bo						
The patient sign		ructions provided to tient agreement	tne patient						itient agree	vided to the property of the p	patient	
Medical (Surgional Control Contro	cal) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge		
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
	our) our	ii (Specify)					(Suigie	ui) 0 iii	r (Speedy)			
		edures, answer the following				For Medical	-					
	ie or navo	e a post fertilization a	age at least 20 v	weeks?		was the fe		ie or nav	e a post iei	Tilization age	e at least 20 weeks?	
		answered yes, compl		ng questior	ns.	If the previou			nswered ye	es, complete t	the following questions.	
	n the best □No	opportunity to surviv	ve?				us giver Yes [		opportunit	y to survive?		
		determination that	the proces	woman 1	ad c				La constant	· ·		
condition that requ	ired the	determination that procedure to avert d									e pregnant woman had a th or serious impairment to	
the pregnant woman	n?					the pregnan						
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
N/A				,								
Date last normal me	n estimat	e of gestation (i	n weeks	5)	Post fe	rtılızation ag	e of the fetus (in weeks)					
How were the gestar		KNOWN e and post fertilization	on age determin	ed?		••						
ULTRASOUND												
Was a waiver of cons	sent obtain	ned?	5 <b>I</b> N	Vo	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being			Abu	ısed		oerced		Harassed	☐ Trafficked	
Full name of physic	-	rming termination										
DR. MANDY GITTI		-iii		4 4 4 4	1	<b>J</b> - \						
8645 CONNECTION	-	ning termination (num			e, ana zip	coae)						
		,	, : :::::									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address OF MERR	ILLVILLE - 8645 CONNE	CTICUT STREET,		City or	town, of pregna	•			County of p	pregnancy termination  LAKE	
Patient's age**	Marrie	d	Date of pregn	ancy termi	ination	Educa	tion		<del></del>			
25		☐ Yes ■ No	(	07/11/201	8					ociate Degre	ee	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Black		an American		known	■ Not I	/ anic or Latino Hispanic or La		
Live Births:	N	umber now living	1					er now c		0		
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	per of ind	uced termi	nations <b>1</b>		
Dates of termination  1. 2018		t include this termin						5			6	
Fetus delivered aliv		If yes, length of tin	me fetus surviv	red:					y preexistin cate the abo	-	nditions of the patient that may	
E		TC : 11 1: 1	<u> </u>					n/a				
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:				-	Complic	cation(s) of P	regnancy Termination	
								<b>•</b> 1	None		Uterine Perforation	
Pathological examin	nation	If yes, results:							Hemorrhag	e 🗆	Cervical Laceration	
performed?	iation	ii yes, iesuits.						_	Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal death?	
		<u> </u>						☐ Ye	s • N	0		
				Type	of Termi	Termination Procedures  Additional Procedure that Terminated Pregnancy						
Procedure that Term										•		
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprostol			
Medical (Nons									Other (Spec			
		rocedures, answer the		estion							lowing question	
	-	e following items we				Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient						
The patient sign		uctions provided to tient agreement	tne patient						atient agree		patient	
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
	cui) oui	si (Speedy)				Micalcar	(Suigic	ui) Oiiic	т (вресцу)			
							edical (Surgical) procedures, answer the following question.					
, -		dures, answer the fo	• 1				-					
	le or have	e a post fertilization	age at least 20 v	weeks?		Was the fe		le or hav No	e a post fer	tilization age	e at least 20 weeks?	
	_	answered yes, compl	lete the following	ng questio	ns.	_			inswered ye	es, complete t	the following questions.	
	n the best ☐ No	opportunity to surviv	ve?						opportunit	y to survive?		
	_		a	_			Yes [					
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to	
the pregnant woman				•		the pregnan			1			
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
N/A						<u> </u>						
Date last normal me	-			Physicia	n estimat	e of gestation (i	n weeks	5)	Post fe	rtilization age	ge of the fetus (in weeks)	
How were the gesta		01/2018  e and post fertilization	n age determin	ed?		9					7	
ULTRASOUND	45	p sor recuired										
Was a waiver of cons	sent obtain	ned?	5 I N	Jo	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No	
		on as a result of being			☐ Abı			Coerced		Harassed	☐ Trafficked	
Full name of physic							-					
DR. MANDY GITT												
Address of physicia 8645 CONNECTIO	-	ning termination (number   MERRILLVI			e, and zip	code)						
30.0 00.11120110			, +0+10									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address OF MERR	ILLVILLE - 8645 CONNE	CTICUT STREET,		City or t	town, of pregna	•			County of p	pregnancy termination  LAKE	
Patient's age**	Marrie	d	Date of pregn	ancy termi	ination	Educa	tion					
19	_	Yes No	(	07/11/201	8					ollege, No D	)egree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Black ■ Other		an American		known	☐ Not 1	y anic or Latino Hispanic or L		
Live Births:	N	umber now living	0				Numb	per now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of inc	luced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	han six (6)	, those me	ost recent.)						
1	2	·				4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexisting cate the about	-	nditions of the patient that may	
F ( 11.0		TC : 11	C					n/a				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination	
									None		Uterine Perforation	
Dath daring laws in	4:	If							Hemorrhag	ge 🗆	Cervical Laceration	
Pathological examir performed?	nation	If yes, results:						_	Infection		Retained Products	
☐ Yes ■	No								Other (Spe	cify)		
											ncy result in a maternal death?	
								☐ Ye	s IN	0		
				Туре	of Termi	Termination Procedures						
Procedure that Term						Additional Pr						
<ul><li>Medical (Nons)</li><li>Medical (Nons)</li></ul>									Mifepristor Misoprosto			
Medical (Nonsi									Other (Spec			
For Medical (Nonsu	ırgical) pı	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the foll	lowing question	
Check the box indic	_	-	-			Check the bo						
The manufactur  The patient sign		ructions provided to	the patient						uctions pro atient agree	ovided to the	patient	
Medical (Surgi									ion Curetta			
Medical (Surgi	cal) Mer	strual Aspiration				Medical (Surgical) Menstrual Aspiration						
Medical (Surgi	cal) Oth	er (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgio	cal) proce	dures, answer the fo	llowing questio	n.		For Medical	(Surgica	al) proce	dures, ansv	ver the follow	/ing question.	
		e a post fertilization	age at least 20 v	weeks?					e a post fe	rtilization age	e at least 20 weeks?	
☐ Yes  If the previous ques	☐ No tion was	answered ves. comp	lete the following	ng question	ns.	☐ Y  If the previou		☐ No ion was a	answered v	es. complete	the following questions.	
		opportunity to surviv		8 1		_	_		-	ty to survive?		
□Yes [	□No					Y	Yes [	No				
		determination that									e pregnant woman had a	
the pregnant woman		procedure to avert of	leath or serious	s impairme	ent to	condition the the pregnan			procedure	to avert deat	th or serious impairment to	
						- F8		-				
Lintalian Co		actor re	imad J 10.10	24.2.2(2)	(2)	1:-4:1	a - 6 4		doct-	ant	red under IC 16 24 2 26 3/2	
List the name of the	second d	octor present, as requ	irea unaer IC 16	o-34-2-3(a)(	(3)	List the nam	e or the	secona	doctor pres	sent, as requii	red under IC 16-34-2-3(a)(3)	
Date last normal me	enses beg	an		Physicia	n estimat	e of gestation (i	in week:	s)	Post fe	ertilization ag	ge of the fetus (in weeks)	
		7					5					
How were the gesta	tional ago	e and post fertilization	on age determin	ed?								
ULTRASOUND												
Was a waiver of cons						a waiver of not			ed?	Yes	■ No	
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. MANDY GITTI	-	rming termination										
Address of physicia		ning termination (nu	mber and street	t, city, state	e, and zip	code)						
8645 CONNECTIO	-	-				,						
**De4= D	to DOC	if Doting 1 1	6 ( 1 1									
· · Date Keported	io DCS	, if Patient under	υ (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address D OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	town, of pregna	•			County of p	oregnancy termination  LAKE	
Patient's age**	Marrie	d	Date of pregn	ancy termi	ination	Educa	tion					
17		Yes No	(	07/11/201	8			H		ol Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black		an American		known	■ Not I	y anic or Latino Hispanic or La		
Live Births:	N	umber now living	0				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	han six (6),	, those m	ost recent.)						
1						4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	ditions of the patient that may	
7			0 :					N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination	
									None		Uterine Perforation	
Pathological examin	nation	If you regulte:							Hemorrhag	e 🗆	Cervical Laceration	
performed?	nation	If yes, results:						_	Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal death?	
		1						☐ Ye	s 🔳 N	υ		
				Туре	of Termi	Termination Procedures						
Procedure that Term		• •				Additional Pr				•		
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprosto			
Medical (Nons									Other (Spec			
,	-	rocedures, answer th	U 1	estion							owing question	
	-	e following items we	-			Check the bo		_	_	items were covided to the	_	
The manufactur		ructions provided to tient agreement	tne patient						atient agree	-	patient	
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
	icur) our	or (Specify)				Micalcur	(Suigic	ui) Ouic	т (вресду)			
		edures, answer the fo				For Medical					• .	
	le or have No	e a post fertilization	age at least 20 v	weeks?		Was the fe		le or hav  No	e a post fei	tilization age	at least 20 weeks?	
	_	answered yes, comp	lete the following	ng questior	ns.	_			inswered y	es, complete t	the following questions.	
	n the best □No	opportunity to surviv	ve?						opportunit	y to survive?		
	_		a	-	,		Yes [					
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to	
the pregnant woman				•		the pregnan			1			
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
N/A			<u> </u>									
Date last normal me	n estimat	e of gestation (i	n weeks	s)	Post fe	ertilization age	e of the fetus (in weeks)					
How were the gesta		KNOWN  e and post fertilization	n age determin	ed?		9					7	
ULTRASOUND		p 500 101111124110										
Was a waiver of cons	sent obtain	ned?	s • N	Jo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
		on as a result of being			Abu			oerced		Harassed	☐ Trafficked	
Full name of physic												
DR. MANDY GITT												
Address of physicia 8645 CONNECTIO	-	ning termination (nu.			e, and zip	code)						
alula D		· CD										
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Patient's age** Married Date of pregnan					City or town, of pregnancy termination  MERRILLVILLE  Tancy termination  Education				County of p	oregnancy termination  LAKE		
Patient's age** 19		d Yes No		ancy term 07/11/201		Edu	acation		Some Co	ollege, No D	Degree		
Race American Indian Native Hawaiian Live Births:	n or Othe	ka Native r Pacific Islander umber now living	Asian White	☐ Blac		an Americar	Uı	nknown ber now d	■ Not I	/ anic or Latino Hispanic or L			
	N	umber of spontaneou	us terminations				Num	ber of ind	uced termi	nations			
Other Termination  Dates of termination	13.		0	an six (6	) those m	act magamt )				0			
1	2		3	un six (0)	, mose m	4		5			6		
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					y preexistin		ditions of the patient that may		
Fetus viable?		If viable, medical	C 4	·				N/A					
Yes Yes	No	ii viable, medical	reason for termi	ination:					None		regnancy Termination Uterine Perforation		
Pathological examin	nation	If yes, results:							Hemorrhag Infection	e 📙	Cervical Laceration Retained Products		
performed? ☐ Yes ■	No								Other (Spec	_	Retained Froducts		
								Did this			ncy result in a maternal death?		
				Type	of Termi	nation Proce	dures						
Procedure that Term	ninated P	regnancy		71.		Additional		e that Ter	minated Pi	regnancy			
Medical (Nonsi								Mifepriston					
Medical (Nonsi									Aisoprostol Other (Spec				
For Medical (Nonsu Check the box indic	cating the	e following items we	ere completed	stion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed							
The manufactur  The patient sign			the patient			☐ The manufacturer's instructions provided to the patient ☐ The patient signed the patient agreement							
Medical (Surgion Medica	cal) Mer	nstrual Aspiration											
		edures, answer the fo	• .			Was the	fetus vial			ver the follow tilization age	at least 20 weeks?		
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		g questio	ns.	Was the	-	n the best	-	es, complete t y to survive?	the following questions.		
	ired the	determination that procedure to avert of				conditio		uired the			e pregnant woman had a h or serious impairment to		
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the n	ame of the	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
Date last normal me	05/	19/2018			ın estimat	e of gestation	n (in week	es)	Post fe	rtilization age	e of the fetus (in weeks)  6		
How were the gestar ULTRASOUND	tional age	e and post fertilization	on age determine	ed?									
Was a waiver of cons		10.				a waiver of				Yes	■ No		
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked		
Full name of physic <b>DR. MANDY GITTI</b>	-	rming termination											
Address of physicia 8645 CONNECTIO	-	-			e, and zip	code)							
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):									

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address D OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	town, of pregna	•			County of p	pregnancy termination  LAKE	
Patient's age**	Marrie	ed .	Date of pregn	ancy termi	ination	Educa	tion					
28	_	Yes No	(	07/11/201	8					ollege, No D	)egree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Black ■ Other		an American		known	☐ Not I	y anic or Latino Hispanic or L		
Live Births:	N	umber now living	0				Numb	er now d	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	han six (6)	, those m	ost recent.)						
1	2		3			4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may	
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Complic	cation(s) of P	regnancy Termination	
	110							<b>■</b> 1	None		Uterine Perforation	
		70 1						1	Hemorrhag	je 🗆	Cervical Laceration	
Pathological examine performed?	nation	If yes, results:							Infection		Retained Products	
-	No								Other (Spec	cify)		
											ncy result in a maternal death?	
		<u> </u>						☐ Ye	s 🔳 N	0		
				Туре	of Termi	Termination Procedures						
Procedure that Term		• •				Additional Pr						
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprostol			
Medical (Nons									Other (Spec			
		rocedures, answer th		estion							lowing question	
	-	e following items we	-			Check the bo						
The manufacture The patient sign		ructions provided to tient agreement	the patient			☐ The manufacturer's instructions provided to the patient ☐ The patient signed the patient agreement						
Medical (Surgi	ical) Suc	tion Curettage				Medical (Surgical) Suction Curettage						
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
Wiedieur (Burgi	icui) Oili	or (Specify)				Wiedicar	(Buigie	ui) Ouic	г (вресцу)			
, -		edures, answer the fo	• .			For Medical	_					
	le or have	e a post fertilization	age at least 20 v	weeks?		Was the fet		le or hav No	e a post fei	rtilization age	e at least 20 weeks?	
	_	answered yes, comp	lete the following	ng question	ns.	_			nswered ye	es, complete	the following questions.	
	n the best ☐ No	opportunity to surviv	ve?						opportunit	y to survive?		
	<del>_</del>						Yes [					
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to	
the pregnant woman		-				the pregnan			<sub>1</sub>		inputition to	
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)	
N/A			<u> </u>									
Date last normal me	n estimat	e of gestation (i	n weeks	5)	Post fe	ertilization ag	e of the fetus (in weeks)					
How were the gesta		02/2018 e and post fertilization	n age determin	ed?		10					8	
ULTRASOUND	46	p 500 101111124110										
Was a waiver of cons	sent obtain	ned?	s I N	Jo	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No	
Is the patient seeking					Abu			Coerced		Harassed	☐ Trafficked	
Full name of physic												
DR. MANDY GITT												
Address of physicia 8645 CONNECTIO	-	ning termination (nu.			e, and zip	code)						
3043 CONNECTIO	JUI SIR	ALLI, WIENKILLVI	LLL, IIN 404 IU									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address OF MERR	ILLVILLE - 8645 CONNE	CTICUT STREET,		City or t	town, of pregna	•			County of p	pregnancy termination  LAKE	
Patient's age**	Marrie	d	Date of pregna	ancy termin	nation	Educa	tion					
28		Yes No	(	07/11/2018	8			ŀ		ol Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	■ Not I	y anic or Latino Hispanic or L		
Live Births:	N	umber now living	2				Numb	er now c	leceased	0		
Other Termination	ns:	umber of spontaneou	us terminations				Numb	er of ind	uced termi	nations 0		
Dates of termination	ns (Do no	t include this termin	ation. If more th	han six (6),	those me	ost recent.)						
1						4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					y preexistin cate the abo	-	nditions of the patient that may	
F ( 11.0		YC : 11 1: 1		. ,.				N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination	
								• 1	None		Uterine Perforation	
Pathological examir	nation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration	
performed?	iation	ii yes, iesuits.						_	Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
								Did thi ☐ Ye			ncy result in a maternal death?	
		1			255			16	<u>. Ц IN</u>			
Dropoderos 41 / T	ningta I P	ragman a		Туре	of Termin	Termination Procedures  Additional Procedure that Terminated Pregnancy						
Procedure that Term  Medical (Nons)									minated Pi Mifepriston			
Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) N	Misoprosto	l		
Medical (Nons	urgical)	Other (Specify)				Medical	(Nonsu	rgical) (	Other (Spec	cify)		
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient												
The manufacture The patient sign			the patient						uctions pro itient agree		patient	
☐ Medical (Surgi	cal) Suc	tion Curettage				☐ Medical (Surgical) Suction Curettage						
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
	<b>v</b> ar) 0 tr	or (specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgic			• 1			For Medical						
	le or nav	e a post fertilization	age at least 20 v	veeks?		was the le		le of hav	e a post lei	runzauon age	e at least 20 weeks?	
If the previous ques				ng question	S.	If the previou	is questi	ion was a	inswered y	es, complete	the following questions.	
	n the best □No	opportunity to survi	ve?				us giver Yes 🏻 🖺		opportunit	ty to survive?		
		determination that				What was	the ba	sis for			e pregnant woman had a	
the pregnant woman		procedure to avert of	aeam or serious	ımpairmei	nt to	condition the pregnan			procedure	to avert deat	th or serious impairment to	
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)									doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	n estimate	e of gestation (i	in weeks	s)	Post fe	ertilization ag	e of the fetus (in weeks)					
How were the gesta		26/2018 e and post fertilization	on age determine	ed?		9					7	
ULTRASOUND	tionar ag	una post fortinzatio	m ugo determini									
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	ed?	☐ Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abu	ised		coerced		Harassed	☐ Trafficked	
Full name of physic DR. MANDY GITTI	-	rming termination										
Address of physicia	n perforn	-			, and zip	code)						
8645 CONNECTIO	.UI 51K	CCI, WEKKILLVI	∟∟⊏, IN 46410									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address D OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	town, of pregna	•			County of		cy termination  AKE
Patient's age**	Marrie	ф	Date of pregn	nancy termi	nation	Educa	tion					
30		Yes No		07/11/201						ollege, No	Degree	
Race American India Native Hawaiia	n or Othe	r Pacific Islander	Asian White	■ Black		an American		known	Not I	y anic or Latin Hispanic or I		☐ Unknown
Live Births:	N	umber now living	1				Numb	per now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	per of inc	luced termi	nations <b>0</b>		
Dates of termination		t include this termin	*				I					
Fetus delivered aliv	re?	If yes, length of ti				4			y preexistin		onditions	of the patient that may
								N/A				
Fetus viable?	N.T.	If viable, medical	reason for term	nination:					Compli	cation(s) of I	Dregnanc	y Termination
☐ Yes ■	No								None		_	ne Perforation
		Y0 1.						_	Hemorrhag	_		cal Laceration
Pathological examing performed?	nation	If yes, results:							Infection		Retair	ned Products
☐ Yes ■	No								Other (Spec	cify)		
								Did thi ☐ Ye			ncy resu	It in a maternal death?
				Type	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy		71		Additional Pr		e that Te	rminated P	regnancy		
Medical (Nons									Mifepriston			
■ Medical (Nons ■ Medical (Nons									Misoprosto Other (Spec			
Medical (Nonsaiglear) Other (Specify)												
For Medical (Nonsurgical) procedures, answer the following question  For Medical (Nonsurgical) procedures, answer the following question												
Check the box indic	_	e following items we fuctions provided to	_			Check the bo		_	_	items were ovided to the	-	ed
The patient sign									atient agree		patrent	
Medical (Surgi		tion Curettage estrual Aspiration							ion Curetta			
Medical (Surgi						☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgio	cal) proce	dures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.						
		e a post fertilization	age at least 20 v	weeks?		Was the fe	tus viab	le or hav		tilization ag		
	☐ No stion was	answered yes, comp	lete the following	ng question	1S.		es [ is questi	_	answered v	es, complete	the follo	owing questions.
Was the fetus given	n the best	opportunity to surviv		<i>C</i> 1		Was the fett	us give <u>r</u>	the bes	-	ty to survive		<i>3</i> 1
	□No						Yes L	_				
		determination that procedure to avert of										ant woman had a rious impairment to
the pregnant woman				-		the pregnan						r
List the name of the	second d	octor present, as requi	ired under IC 16	6-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requi	ired und	er IC 16-34-2-3(a)(3)
Date last normal me	n estimate	e of gestation (i	in week	5)	Post fe	ertilization as	ge of the	fetus (in weeks)				
		8			2 350 10		6	(				
How were the gesta ULTRASOUND	tional age	e and post fertilization	on age determin	ied?								
Was a waiver of cons					Was	a waiver of not	tificatio	n obtain	ed?	Yes	■ N	0
Is the patient seeking			any of the follo	owing?	☐ Abu	ısed		Coerced		Harassed		Trafficked
Full name of physic DR. MANDY GITT	-	rming termination										
Address of physicia		ning termination (nu	mber and street	t, city, state	e, and zip	code)						
8645 CONNECTIO	CUT STR	EET, MERRILLVI	LLE, IN 46410	0								
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410	City or to	own, of pregnan	•		County of pregnancy termination LAKE					
Patient's age** Married Date of pregnancy termin	nation	Educati	on							
22 Yes No 07/11/2018					ollege, No Degree					
Native Hawaiian or Other Pacific Islander ■ White □ Other			Unk	nown Not	y anic or Latino Hispanic or Latino 🔀 Unknown					
Live Births: Number now living 2			Numbe	er now deceased	0					
Other Terminations: Number of spontaneous terminations			Numbe	er of induced termi	inations <b>0</b>					
Dates of terminations (Do not include this termination. If more than six (6),	those mo	st recent.)			· ·					
1 2 3	4	l		5	6					
Fetus delivered alive?  Yes No  If yes, length of time fetus survived:				List any preexisting complicate the about	ng medical conditions of the patient that may ortion					
				N/A						
Fetus viable?  If viable, medical reason for termination:  Yes No				Compli	cation(s) of Pregnancy Termination					
				■ None	☐ Uterine Perforation					
Data in the state of the state				Hemorrhag	ge Cervical Laceration					
Pathological examination performed?  If yes, results:				Infection	☐ Retained Products					
☐ Yes ■ No				Other (Spe	cify)					
					ion of pregnancy result in a maternal death?					
				☐ Yes ■ N	0					
Туре	of Termin	ation Procedure	es							
Procedure that Terminated Pregnancy		Additional Pro	cedure	that Terminated P	regnancy					
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol				gical) Mifepristor gical) Misoprosto						
Medical (Nonsurgical) Other (Specify)				gical) Other (Spec						
Institut (Nonsaignair) Saint (Speegy)										
For Medical (Nonsurgical) procedures, answer the following question		For Medical (N	Vonsurg	ical) procedures, a	unswer the following question					
Check the box indicating the following items were completed		Check the box	indica	ting the following	items were completed					
☐ The manufacturer's instructions provided to the patient ☐ The patient signed the patient agreement				r's instructions pro ed the patient agree	ovided to the patient					
Medical (Surgical) Suction Curettage				Suction Curetta						
☐ Medical (Surgical) Menstrual Aspiration		Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)								
Medical (Surgical) Other (Specify)		☐ Medical (	Surgica	l) Other (Specify)						
For Medical (Surgical) procedures, answer the following question.		For Medical (S	Surgical	) procedures, answ	wer the following question.					
Was the fetus viable or have a post fertilization age at least 20 weeks?					rtilization age at least 20 weeks?					
☐ Yes ■ No If the previous question was answered yes, complete the following question	ıs.	☐ Ye If the previous		No on was answered v	res, complete the following questions.					
Was the fetus given the best opportunity to survive?		•	•	the best opportuni	• •					
☐ Yes ☐ No		☐ Y	es _	No						
What was the basis for determination that the pregnant woman ha					tion that the pregnant woman had a					
condition that required the procedure to avert death or serious impairment the pregnant woman?	nt to	the pregnant			to avert death or serious impairment to					
		1 5								
List the name of the second destor present as required and the IC 1/ 24.2.27 V	3)	List the war-	of th-	second deater	cent as required under IC 16 24 2 2(-)(2)					
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3 N/A	ارد	List the name	or me s	second doctor pres	sent, as required under IC 16-34-2-3(a)(3)					
Date last normal menses began Physician	n estimate	of gestation (in	weeks)	Post fe	ertilization age of the fetus (in weeks)					
05/04/2018		10			8					
How were the gestational age and post fertilization age determined?										
ULTRASOUND	1									
Was a waiver of consent obtained? Yes No	<u> </u>	waiver of notif			Yes No					
Is the patient seeking an abortion as a result of being any of the following?	☐ Abus	sed	∐ Co	perced	Harassed Trafficked					
Full name of physician performing termination  DR. MANDY GITTLER										
Address of physician performing termination (number and street, city, state	, and zip	code)								
8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410										
**Date Reported to DCS, if Patient under 16 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Patient's age** Married Date of pregnand					town, of pre	gnancy RRILLV					
Patient's age** 33		ed Yes No		ancy term 07/11/20		Ed	ucation		Some Co	ollege, No D	egree	
	n or Othe	ka Native or Pacific Islander number now living	Asian White	■ Blac		an America		Unknow		nnic or Latino Hispanic or La		
Live Births:	N	umber of spontaneou	2 s terminations						induced termin	0		
Other Termination	15.	ot include this termin	2		1 4/2000	204 422 244 )	110	illioci oi	maucca termin	0		
1. UNKNOWN		UNKNOWN	3	un six (o	), inose m	4		:	5		6	
Fetus delivered alive  ☐ Yes  ☐		If yes, length of ti	me fetus survive	ed:				com	nplicate the abo		ditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				N//	A			
Yes Yes	No	ii viaote, meateur	reason for terms	inution.				•	None		regnancy Termination Uterine Perforation	
Pathological examin	nation	If yes, results:							Hemorrhag Infection	e ⊔	Cervical Laceration Retained Products	
performed?  Yes	No								Other (Spec	_	retained Freducts	
									this termination		ncy result in a maternal death?	
				Туре	e of Termi	nation Proc	edures					
Procedure that Term	ninated P	regnancy		J1 -				dure that	Terminated Pr	egnancy		
☐ Medical (Nonsi ☐ Medical (Nonsi ☐ Medical (Nonsi	urgical)	Misoprostol				☐ Med	ical (No	nsurgical	Mifepriston     Misoprostol     Other (Spec			
Check the box indic	cating the rer's instr	rocedures, answer the following items we ructions provided to tient agreement	ere completed	Check the	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement							
Medical (Surgion Medica	cal) Mei	nstrual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
Was the fetus viab		edures, answer the fo				Was th	, ,		-		ing question. at least 20 weeks?	
If the previous quest	tion was the best	answered yes, comp opportunity to surviv		g questio	ons.	Was the	fetus gi		est opportunit	_	the following questions.	
	ired the	determination that procedure to avert of					n that r	equired t			pregnant woman had a h or serious impairment to	
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the 1	name of	the secon	nd doctor pres	ent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	Date last normal menses began Physician es							eeks)	Post fe	rtilization age	e of the fetus (in weeks)  8	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?					<b>I</b>			
Was a waiver of cons					Was	a waiver of				Yes	■ No	
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerce	d 🗌	Harassed	☐ Trafficked	
Full name of physic <b>DR. MANDY GITTI</b>	_	rming termination										
Address of physicia 8645 CONNECTIC	-	ning termination (nu			te, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Patient's age** Married Date of pregnate					own, of preg	gnancy ter	, , , ,			
Patient's age** 22		d ■ Yes □ No		ncy termi 7/18/201		Edu	cation		9th-12	th, No Diplo	oma
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an Americar	☐ U1	nknown	■ Not I	nnic or Latino Hispanic or La	
Live Births:		umber now living	4					ber now d		0	
Other Termination	15.	umber of spontaneou	1				Num	ber of ind	uced termi	nations <b>0</b>	
Dates of termination UNKNOWN	ns (Do no	ot include this termin	ation. If more the	an six (6)	, those m	ost recent.)		5			6
Fetus delivered alive		If yes, length of ti		d:		7.		compli	preexisting preexi		ditions of the patient that may
Fetus viable?		If viable, medical	reason for termin	nation:				_ n/a			
☐ Yes ■	No								None		regnancy Termination Uterine Perforation
Pathological examir	nation	If yes, results:							Hemorrhag nfection	e ∐ □	Cervical Laceration Retained Products
performed?	No								Other (Spec	_	retained Freducts
								Did this			ncy result in a maternal death?
				Type	of Termi	nation Proce	dures				
Procedure that Term	ninated P	regnancy		Jr		Additional		e that Ter	minated Pi	regnancy	
Medical (Nons) Medical (Nons) Medical (Nons)	urgical)	Misoprostol				☐ Medic	al (Nonsi	urgical) N	Mifepriston Misoprostol Other (Spec		
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)         For Medical (Nonsurgical) procedures, answer the following question       For Medical (Nonsurgical) procedures, answer the following question         Check the box indicating the following items were completed       Check the box indicating the following items were completed         ☐ The manufacturer's instructions provided to the patient       ☐ The manufacturer's instructions provided to the patient         ☐ The patient signed the patient agreement       ☐ The patient signed the patient agreement											
Medical (Surgi	cal) Mer	nstrual Aspiration									
		edures, answer the fo	• .			Was the	fetus vial				ing question. at least 20 weeks?
If the previous ques  Was the fetus given  ☐ Yes	the best	answered yes, comp opportunity to surviv		g question	ns.	Was the	-	n the best	-	es, complete ty to survive?	the following questions.
	ired the	determination that procedure to avert of				condition		uired the			pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-:	34-2-3(a)(	(3)	List the na	ame of the	e second o	doctor pres	ent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	n estimate	e of gestation 6	ı (in week	cs)	Post fe	rtilization age	e of the fetus (in weeks) 4				
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	d?							
Was a waiver of cons					Was	a waiver of				Yes	■ No
Is the patient seeking			any of the follow	ving?	Abu	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic <b>DR. MANDY GITTI</b>	-	rming termination									
Address of physicia 8645 CONNECTIO	-	-			e, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	ddress of MERR	ILLVILLE - 8645 CONNE	(	City or town, of pregnancy termination  MERRILLVILLE  nination Education					County of p	pregnancy termination  LAKE			
Patient's age**	Marrie	d	Date of pregna	ancy termin	ation	Educat	ion						
18		Yes No	C	07/18/2018	3			Н		ol Diploma	or GED		
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black o	or Africa	an American	_	known	■ Not I	y anic or Latino Hispanic or L			
Live Births:	N	umber now living	0					er now d		0			
Other Terminations	s: N	umber of spontaneou	us terminations				Numb	er of ind	uced termi	nations <b>0</b>			
Dates of terminations													
1						4		5			6		
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				-	y preexistin cate the abo	-	nditions of the patient that may		
Fetus viable?		If viable, medical	reason for term	ination:				-	Compli	pation(s) of D	regnancy Termination		
☐ Yes ■ N	No							• 1	None		Uterine Perforation		
									Hemorrhag		Cervical Laceration		
Pathological examina performed?	ation	If yes, results:						□ I	nfection		Retained Products		
Yes I	No								Other (Spec	cify)			
											ncy result in a maternal death?		
								☐ Ye	s I N	0			
				Type of	f Termir	nation Procedur							
Procedure that Termi			Additional Pr				•						
<ul><li>Medical (Nonsu</li><li>Medical (Nonsu</li></ul>								Aifepriston Aisoprostol					
☐ Medical (Nonsu	Other (Specify)			☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)					
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage										completed			
		tion Curettage istrual Aspiration							on Curetta strual Aspi				
☐ Medical (Surgic						Medical (Surgical) Other (Specify)							
For Medical (Surgica	al) proce	dures, answer the fo	llowing question	n.		For Medical (	Surgica	al) proced	dures, answ	ver the follow	ing question.		
		e a post fertilization	age at least 20 v	weeks?					e a post fer	rtilization age	e at least 20 weeks?		
☐ Yes ☐ If the previous questi	☐ No ion was	answered yes, comp	lete the following	ng questions	3.	☐ Y  If the previou		] No ion was a	nswered v	es, complete t	the following questions.		
Was the fetus given				C 1		Was the fetu	-	the best	-	y to survive?			
What was the bas	_	determination that	the programs	woman be	d o				1.4				
condition that requi	ired the						at requ	ired the			e pregnant woman had a th or serious impairment to		
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the								second o	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
Date last normal mer	e of gestation (i	n weeks	s)	Post fe	ertilization age	e of the fetus (in weeks) 7							
How were the gestati	ional age	e and post fertilization	on age determine	ed?									
Was a waiver of conse					Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No		
Is the patient seeking a			any of the follo	wing?	Abu	sed	☐ C	oerced		Harassed	Trafficked		
Full name of physicis	_	rming termination											
Address of physician 8645 CONNECTICE	-	-			and zip	code)							
20.0 00111201101	J. 511	,	,0-10	- 									
**Date Reported t	to DCS	, if Patient under	6 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address OF MERR	ILLVILLE - 8645 CONNE		City or town, of pregnancy termination  MERRILLVILLE  nination Education					County of pregnancy termination <b>LAKE</b>				
Patient's age**	Marrie	ed .	Date of pregna	ancy termi	nation	Educa	tion						
34		☐ Yes ■ No	(	07/18/201	8			H		ool Diploma	or GED		
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ White	Black		an American		known	■ Not I	y anic or Latino Hispanic or L			
Live Births:	N	umber now living	3					er now c		0			
Other Termination	ns:	umber of spontaneou	is terminations				Numb	per of ind	uced termi	nations 2			
Dates of termination  1. UNKNOWN		ot include this termina UNKNOWN	ation. If more th		, those m	ost recent.)		5			6		
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					y preexistin cate the abo	-	nditions of the patient that may		
Estera mishle?		Terialla andical	C 4	·				n/a					
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of Pr	regnancy Termination		
									None		Uterine Perforation		
Pathological examir	nation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration		
performed?	iution	ii yes, resuits.							Infection		Retained Products		
☐ Yes ■	No								Other (Spec	cify)			
								Did thi ☐ Ye			ncy result in a maternal death?		
				Tyma	of Torm:	nation Procedu	rec	· ·					
Procedure that Term	ninated P	regnancy		1 ype	Additional Procedure		e that Ter	minated P	regnancy				
Medical (Nons)									Mifepriston				
Medical (Nons								Misoprosto Other (Spec					
I Wiediear (Ivons)	urgicar)	Other (Specify)			Wiedicar	(1voiisu	irgical) (	otilei (Spec	<i>() y )</i>				
For Medical (Noney	raisal) m	rocedures, answer the	a fallowing ava	ation		For Madical (	Nongun	raisal) me	andura a	navvar tha fall	lavvina avastian		
,	_ , 1	e following items we	0 1	Stion				urgical) procedures, answer the following question cating the following items were completed					
		ructions provided to	the patient						-	ovided to the j	patient		
The patient sign  Medical (Surgi									itient agree ion Curetta				
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration			
Medical (Surgi	cal) Oth	er (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgio	cal) proce	edures, answer the fo	llowing question	n.		For Medical	(Surgica	al) proce	dures, answ	ver the follow	ving question.		
	le or have □ No	e a post fertilization	age at least 20 v	weeks?		Was the fe		le or hav  No	e a post fe	rtilization age	e at least 20 weeks?		
	_	answered yes, compl	lete the followir	ng question	1S.	_			nswered y	es, complete t	the following questions.		
	the best	opportunity to surviv	ve?						opportunit	ty to survive?			
							Yes [	_l No					
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to		
the pregnant woman				•		the pregnan			P		·· · · · · · · · · · · · · · · · · ·		
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
	ni ::				-								
Date last normal me	n estimat	e of gestation (i	n week:	5)	Post fe	ertilization age	e of the fetus (in weeks)  5						
How were the gesta		19/2018 e and post fertilization	on age determin	ed?									
ULTRASOUND													
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	ed?	☐ Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	Abu	ısed		Coerced		Harassed	☐ Trafficked		
Full name of physic DR. MANDY GITTI	-	rming termination											
		ning termination (nu	mber and street	, city, state	e, and zip	code)							
8645 CONNECTIO	UT STR	EET, MERRILLVI	LLE, IN 46410	)									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410  Patient's age**  Married  Date of pregnancy					cy termination Education					termination <b>KE</b>					
Patient's age** 41		ed □ Yes ■ No	nination 18	E	ducation		н	igh Scho	ol Diploma	or GED					
Race American Indian Native Hawaiian		ska Native er Pacific Islander	☐ Asian ☐ White	☐ Blac ■ Othe	ek or Africa	an Americ		Unkno	own		y anic or Latino Hispanic or La		☐ Unknown		
Live Births:		Number now living	3		-					eceased	0				
Other Terminations	: 1	Number of spontaneou					Nu	ımber (	of ind	uced termi					
Dates of terminations  1. UNKNOWN	,	ot include this termin	ation. If more th			ost recent.			5 <b>L</b>	JNKNOW		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:						preexistin		ditions of	the patient that may		
								r	n/a						
Fetus viable? ☐ Yes ■ N	lo	If viable, medical	reason for term	ination:				-	_	Complic None Hemorrhag	cation(s) of Pr	Uterine	Termination Perforation		
Pathological examina performed?		If yes, results:								nfection Other (Spec			ed Products		
									Did this		1 0	cy result	in a maternal death?		
	nation Pro	cedures													
Procedure that Termi	nated l	Pregnancy		Addition	al Proced	dure th	nat Ter	minated Pr	regnancy						
■ Medical (Nonsurgical) Mifepristone       □ Medical         ■ Medical (Nonsurgical) Misoprostol       □ Medical									☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)									items were covided to the period ge ration	mpleted					
☐ Yes ☐ If the previous questi Was the fetus given □ Yes ☐	or have on was the best No	ve a post fertilization	age at least 20 v lete the followinge?	weeks? ng questio		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  If the previous question was answered yes, complete the following questions was the fetus given the best opportunity to survive?  Yes No						20 weeks?			
	red the	e procedure to avert of				conditi		equire					ous impairment to		
List the name of the s	econd	doctor present, as requi	ired under IC 16	-34-2-3(a)	)(3)	List the name of the second doctor present, as required under IC 16-34-2-3(a)(3							IC 16-34-2-3(a)(3)		
Date last normal men	05	/11/2018		·	an estimate	of gestat	ion (in we	eeks)		Post fe	ertilization age	of the fo	etus (in weeks)		
How were the gestati	onal aş	ge and post fertilization	on age determin	ed?											
Was a waiver of conse						a waiver o	f notifica			d?	Yes	■ No			
Is the patient seeking a			any of the follo	wing?	Abu	sed		Coer	rced		Harassed	☐ Tr	afficked		
Full name of physician  DR. MANDY GITTL  Address of physician	ER		mhon and	e aite - e	to and -:	anda)									
Address of physician 8645 CONNECTICU	-	-			ue, ana zip	coae)									
**Date Reported t	o DC	S, if Patient under 1	6 (month, day,	year):							_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	D ( )					City or town, of pregnancy termination  MERRILLVILLE  ination Education					pregnancy termination  LAKE		
Patient's age**	Marrie	d	Date of pregn	ancy termi	ination	Educa	tion						
25		Yes No	(	07/18/201	8			H		ol Diploma	or GED		
Race American Indiar Native Hawaiian	or Othe	r Pacific Islander	Asian White	☐ Black		an American		known	■ Not I	y anic or Latino Hispanic or L			
Live Births:	N	umber now living	2				Numb	er now c	leceased	0			
Other Termination	s: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 1			
Dates of termination	is (Do no	t include this termin	ation. If more ti	han six (6)	, those m	ost recent.)				<u> </u>			
ı. <b>2016</b>		·				4		5			6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may		
E 4 : 11.9		TC : 11	C	•				n/a					
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination		
									None		Uterine Perforation		
Pathological examin	ation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration		
performed?	ution	ii yes, resuits.						_	Infection		Retained Products		
☐ Yes ■	No							□ '	Other (Spec	cify)			
								Did thi ☐ Ye			ncy result in a maternal death?		
		•		Tyme	of Tarm:	nation Procedur	rec						
Procedure that Term	inated P	regnancy		1 ype	OI I CHIIII	Additional Procedure		that Te	minated P	regnancy			
☐ Medical (Nonsu									Mifepriston				
☐ Medical (Nonsu ☐ Medical (Nonsu									Misoprosto Other (Spec				
Wicdical (Nonsc	ingicai)	Other (Specify)			Iviculcar	(1voiisu	igicai) (	other (spec	.( <i>jy)</i>				
For Medical (Nonsu	raical) m	ra and umag a mayyam th	a fallowing ava	ation		For Madical (	Manaum	aisol) mr	andura a	navvar tha fall	lavvina avastian		
Check the box indic	_ , 1		0 1	Stion		Check the bo					lowing question completed		
☐ The manufactur			the patient						-	ovided to the	patient		
The patient signal Medical (Surgio									itient agree ion Curetta				
Medical (Surgio	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration			
Medical (Surgio	cal) Oth	er (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) proce	dures, answer the fo	llowing questio	n.		For Medical	(Surgica	al) proce	dures, answ	ver the follow	ring question.		
	le or have	e a post fertilization	age at least 20 v	weeks?		Was the fet  ☐ Y		le or hav  No	e a post fer	rtilization age	e at least 20 weeks?		
If the previous quest		answered yes, comp	lete the following	ng question	ns.	_			nswered y	es, complete	the following questions.		
	the best No	opportunity to surviv	ve?						opportunit	ty to survive?			
	_		a	-			Yes [						
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to		
the pregnant woman						the pregnan					1		
	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
n/a	I ps	<u> </u>		`		(11)	6.1 6.4 (1)						
Date last normal me	_	an <b>16/2018</b>		Physicia	n estimat	e of gestation (i	n weeks	5)	Post fe	ertilization ag	te of the fetus (in weeks)		
How were the gestat			on age determin	ed?		-							
ULTRASOUND													
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	ed?	☐ Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	Abu	ısed		Coerced		Harassed	☐ Trafficked		
Full name of physics  DR. MANDY GITTL	-	rming termination						_					
Address of physician		ning termination (nu	mber and street	t, city, state	e, and zip	code)							
8645 CONNECTIC	-	-			- 1	· 							
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410  Patient's age**  Married  Date of pregnance					City or t	own, of preg	nancy ter			County of p	pregnancy termination  LAKE	
Patient's age** 42		ed Yes No		ncy termi 7/18/201		Edu	cation		9th-12	th, No Diplo	oma	
	n or Othe	ka Native or Pacific Islander number now living	Asian White	Black Other		an American	Uı Uı	nknown ber now d	☐ Not I	/ anic or Latino Hispanic or L	o atino 🔲 Unknown	
Live Births:	N	umber of spontaneou	3 s terminations				Num	her of indi	uced termi	nations		
Other Termination	15.	•	0	. (6)			INGILI	oci oi ilidi	uccu terriri	0		
Dates of termination	1S ( <i>Do no</i> 2	ot include this termin	ation. If more the	an six (6)	, those mo	ost recent.) 4		5			6	
Fetus delivered alive		If yes, length of ti		d:				complic	preexisting preexi		nditions of the patient that may	
Fetus viable?		If viable, medical	reason for termin	nation:				n/a				
Yes •	No	ii viiioto, inourour							None		regnancy Termination  Uterine Perforation  Cervical Laceration	
Pathological examir	nation	If yes, results:							Hemorrhag nfection			
performed?	No								Other (Spec	_	retuined Froducts	
								Did this			ncy result in a maternal death?	
				Type	of Termi	nation Proce	dures	•				
Procedure that Term	1 урс	Additional Procedure that Terminated Pregnancy										
Medical (Nons)	Mifepristone			☐ Medic	al (Nonsu	urgical) M	lifepriston	e				
Medical (Nonsi		☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)										
Check the box indice.  The manufacture.	eating the rer's instr	rocedures, answer the following items we ructions provided to	tion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement							
The patient sign  Medical (Surgi									tient agree on Curetta			
	cal) Mer	nstrual Aspiration				Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)						
Was the fetus viab		edures, answer the fo	• .			Was the	fetus vial				ring question. e at least 20 weeks?	
If the previous ques	tion was	answered yes, comp opportunity to surviv		g question	ns.	If the prev	ous quest	tion was a	-	es, complete to	the following questions.	
□Yes [	No						Yes [		· P P · · · · · · · · ·	,		
	ired the	determination that procedure to avert of				condition		uired the			e pregnant woman had a th or serious impairment to	
List the name of the	(3)	List the na	ame of the	e second o	loctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)					
Date last normal me	05/	16/2018			n estimate	e of gestation 9	ı (in week	<i>(s)</i>	Post fe	rtilization age	e of the fetus (in weeks)	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	d?								
Was a waiver of cons						a waiver of				Yes	No	
Is the patient seeking			any of the follow	ving?	Abu	ised		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. MANDY GITTI	-	rming termination										
	n perforn	ning termination (nu			e, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day, y	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410  Patient's age**  Married  Date of pregnanc					City or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE  Ey termination  Education								
Patient's age** 29	29 Yes No 07/18/20 Race								Bache	elor's Degr	ee		
☐ American Indian	or Othe	er Pacific Islander	☐ Asian ■ White	☐ Blac		an American		nknown	Not H	nic or Latino ispanic or L			
Live Births:		umber now living	3					ber now deceas		0			
Other Termination	13.	umber of spontaneon	2				Numl	ber of induced	termin	ations 0			
Dates of termination  1. UNKNOWN		ot include this termin <b>UNKNOWN</b>	ation. If more to	han six (6 <sub>.</sub>	), those m	ost recent.) <sub>4.</sub>		5.			6.		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:				complicate th			nditions of the patient that may		
Fetus viable?		If viable, medical	reason for term	ination:				n/a					
☐ Yes ■	No							■ None			Uterine Perforation		
Pathological examin	nation	If yes, results:						☐ Hemo	·	· ⊔	Cervical Laceration Retained Products		
performed?  Yes	No							Other		_	1.00000		
									ninatio  No		ncy result in a maternal death?		
		•		Type	of Termi	nation Proced	ures	, <u> </u>					
Procedure that Term	ninated P	regnancy		1 ypc			e that Terminat	ted Pre	egnancy				
Medical (Nonsi	urgical)	Misoprostol				<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>							
(reason (reason		omer (specify)				(1 (01100	ingreun) cuiter	(Speed)	137				
	cating the er's instr	e following items we ructions provided to	ere completed	estion		Check the b	ox indic nufactur	eating the follower's instruction	wing i is prov	tems were c	=		
The patient sign  Medical (Surgion								ned the patient and Suction Cu					
	cal) Mer	nstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) proce	edures, answer the fo	llowing questio	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab	le or hav	e a post fertilization	age at least 20 v	weeks?		Was the f	etus viab Yes [	ole or have a po	st fert	ilization age	e at least 20 weeks?		
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ng questio	ons.	Was the fe	-	n the best oppo	-	_	the following questions.		
	ired the	determination that procedure to avert of					that requ	uired the proce			e pregnant woman had a th or serious impairment to		
List the name of the <b>n/a</b>	0(3)	List the na	ne of the	e second doctor	r prese	ent, as requi	red under IC 16-34-2-3(a)(3)						
Date last normal me	_	an <b>05/2018</b>		Physicia	an estimat	e of gestation	(in week	s) P	ost fer	tilization ag	e of the fetus (in weeks)		
How were the gestar	tional ag	e and post fertilization	on age determin	ed?									
Was a waiver of cons		100			Was	Was a waiver of notification obtained? ☐ Yes ■ No							
Is the patient seeking			g any of the follo	wing?	☐ Abu	ised		Coerced		Harassed	☐ Trafficked		
Full name of physic <b>DR. MANDY GITTI</b>	_	rming termination											
Address of physician 8645 CONNECTION	-	-			te, and zip	code)							
**Date Reported	to DCS	, if Patient under	16 (month, dav.	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Facility Name and Address Planned Parenthood of Merrillville, IN, 46410	ress Merrillville - 8645 conne	ECTICUT STREET,	City or	town, of pregna	•		County of pregna	ncy termination			
Patient's age**	1arried	Date of pregnancy term	nination	Educa	tion						
28	☐ Yes ■ No	07/18/20	18				ool Diploma or GI	ED			
Race American Indian or Native Hawaiian or	Other Pacific Islander	☐ Asian ☐ Blace ☐ White ☐ Other		an American		known Not	banic or Latino Hispanic or Latino	Unknown			
Live Births:	Number now living	2				er now deceased	0				
Other Terminations:	Number of spontaneo	ous terminations <b>2</b>			Numb	er of induced term	inations <b>2</b>				
Dates of terminations (I	Do not include this termin 2. 2015	nation. If more than six (6		ost recent.) 4. UNKNOWN	l	5	6				
Fetus delivered alive?  ☐ Yes ■ No	If yes, length of t	ime fetus survived:				List any preexistic complicate the ab	•	s of the patient that may			
						N/A					
Fetus viable?  ☐ Yes ■ No	If viable, medical	reason for termination:				Compl	ication(s) of Pregnan	acv Termination			
Li res 🛅 No						■ None		ine Perforation			
						☐ Hemorrha	ge Cerv	vical Laceration			
Pathological examination performed?	on If yes, results:					☐ Infection	☐ Reta	ined Products			
☐ Yes ■ No						Other (Sp.	ecify)				
								ult in a maternal death?			
	<u> </u>					☐ Yes ■ 1	NO				
		Туре	e of Termi	nination Procedures							
Procedure that Termina					that Terminated						
☐ Medical (Nonsurgi ☐ Medical (Nonsurgi						rgical) Mifepristo rgical) Misoprost					
☐ Medical (Nonsurgi	cal) Other (Specify)		☐ Medical	(Nonsu	rgical) Other (Spe	cify)					
	eal) procedures, answer th						answer the following				
	ng the following items we instructions provided to	-					g items were comple ovided to the patient				
The manufacturer's  The patient signed to	•	the patient				ed the patient agre	•				
Medical (Surgical)						al) Suction Curett					
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
								<u>-</u>			
, , , ,	procedures, answer the for r have a post fertilization	• .			_		wer the following quertilization age at lea				
Yes Yes	-	age at least 20 weeks:		Y as the let		No	ortifization age at lea	St 20 WCCRS:			
		olete the following question	ons.	-	•		yes, complete the fol	lowing questions.			
Was the fetus given the ☐Yes ☐N	best opportunity to survivo No	ive?			us given Yes 🛭	the best opportun  No	ity to survive?				
		the pregnant woman	had a				ation that the mr	nant woman had a			
condition that required		death or serious impairm		condition th	nat requ	ired the procedure		nant woman had a erious impairment to			
the pregnant woman?				the pregnan	t womar	1?					
	ond doctor present, as requ	nired under IC 16-34-2-3(a)	)(3)	List the nam	e of the	second doctor pro	esent, as required un	der IC 16-34-2-3(a)(3)			
N/A	1	I w	[		1 15		S. C. C. L.				
Date last normal mense	s began <b>04/30/2018</b>	Physicis	an estimat	e of gestation (i	n weeks	Post	Pertilization age of the <b>7</b>				
How were the gestation	al age and post fertilizati	on age determined?					<u> </u>				
ULTRASOUND											
Was a waiver of consent	obtained?	s • No	Was	a waiver of not	ification	n obtained?	☐ Yes ■ 1	No			
Is the patient seeking an a	abortion as a result of bein	g any of the following?	☐ Abı	used	□ C	oerced [	Harassed	Trafficked			
Full name of physician	-										
DR. MANDY GITTLEF		ımber and street, city, sta	te and zin	code)							
8645 CONNECTICUT	-		ге, ана дір	· couc)							
**Date Reported to	DCS, if Patient under	16 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410  Patient's age**  Married  Date of pregnance					City or t	town, of p		ncy tern			County of	pregnancy termination  LAKE	
Patient's age** 26		ed ☐ Yes ■ No		ancy term 07/18/201		Е	ducati	ion		Bach	nelor's Deg	ree	
Race American Indian Native Hawaiian	n or Othe		Asian White	■ Blac		an Americ		Unl			y anic or Latin Hispanic or L		
Live Births:			0							uced termi	0		
Other Termination	15.	umber of spontaneou	0					INUIIID	er or mu	uced terrin	0	_	
Dates of termination	ns ( <i>Do no</i>	ot include this termin	ation. If more th	nan six (6 <sub>,</sub>	), those m	ost recent.	)		5			6	
Fetus delivered alive		If yes, length of ti		ed:		·-				y preexistin	-	nditions of the patient that may	
T			0						N/A				
Fetus viable?  Yes  Yes	No	If viable, medical	reason for term	ination:						None		Pregnancy Termination  Uterine Perforation	
Pathological examin	nation	If yes, results:								Hemorrhag Infection	ge 🗀	Cervical Laceration Retained Products	
performed?	No									Other (Spec	_	Retained Floducts	
									Did thi ☐ Ye			ncy result in a maternal death?	
				Type	of Termi	nation Pro	cedure	es					
Procedure that Term				that Ter	minated P	regnancy							
Medical (Nonsi						Mifepriston							
☐ Medical (Nonsi						Misoprosto Other (Spec							
For Medical (Nonsu Check the box indic				stion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed							
	-	ructions provided to	-						_	_	ovided to the	=	
The patient sign										tient agree			
	cal) Mei	nstrual Aspiration				☐ Me	dical (	Surgica	al) Men	ion Curetta strual Aspi	ration		
Medical (Surgional Control of the Medical Control of the Med	cal) Oth	er (Specify)				☐ Me	dical (	Surgica	al) Othe	r (Specify)			
For Medical (Surgic			• .				,	-				ving question.	
	le or hav ■ No	e a post fertilization	age at least 20 v	veeks?			he fetı □ Ye		le or hav ] No	e a post fe	rtilization age	e at least 20 weeks?	
If the previous ques	tion was	answered yes, comp		ng questio	ons.	-		•				the following questions.	
Was the fetus given  ☐ Yes [		opportunity to surviv	ve'?			Was th	ne fetu:	s given es	the best No	opportunit	ty to survive?	,	
	iired the	determination that procedure to avert of				condit	ion tha		ired the			e pregnant woman had a th or serious impairment to	
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	(3)	List the	name	of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)	
Date last normal me	_	an <b>20/2018</b>		Physicia	an estimat	e of gestat	ion (in	weeks.	)	Post fe	ertilization ag	ge of the fetus (in weeks)  6	
How were the gestational age and post fertilization age determined?													
ULTRASOUND													
Was a waiver of cons Is the patient seeking					Was Abu	a waiver o	of noti		obtaine		☐ Yes Harassed	■ No  Trafficked	
Full name of physic			, any or the folio	.,,1115;	☐ AUL			u	Jerecu	L	1 1101035CU	Пашелец	
DR. MANDY GITTI	-												
Address of physician 8645 CONNECTION	-	-			te, and zip	code)							
		,	, +0+10										
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address PLANNED PARENTHOOD OF MEI MERRILLVILLE, IN, 46410	S RRILLVILLE - 8645 CONNE	CTICUT STREET,	City or	town, of pregna	•		County of pregnancy termination <b>LAKE</b>				
Patient's age** Mari	ried	Date of pregnancy te	rmination	Educa	tion						
25	☐ Yes ■ No	07/18/2	2018				Bachelor's Degree				
Race American Indian or Al Native Hawaiian or Ot	her Pacific Islander	= =	lack or Afric	can American		known I	nicity Hispanic or Latino Not Hispanic or Latino				
Live Births:	Number now living	0				er now decease	0				
Other Terminations:	Number of spontaneo	us terminations <b>0</b>			Numb	er of induced t	erminations <b>0</b>				
Dates of terminations (Do		v		,							
Fetus delivered alive?		me fetus survived:		4		List any preex	cisting medical conditions of the patient that may				
☐ Yes ■ No						complicate the	e abortion				
7	70 : 11 1: 1					n/a					
Fetus viable?  Yes No	If viable, medical	reason for termination	:			Cor	mplication(s) of Pregnancy Termination				
						None	☐ Uterine Perforation				
Pathological examination	If yes, results:					☐ Hemor					
performed?						☐ Infection	(Specify)				
☐ Yes ■ No						ouner (	(Specify)				
						Did this term	ination of pregnancy result in a maternal death?				
							No				
		Ту	pe of Term	nination Procedures							
Procedure that Terminated	Pregnancy		Additional Pr	ocedure	that Terminate	ed Pregnancy					
☐ Medical (Nonsurgical ☐ Medical (Nonsurgical						rgical) Mifepri rgical) Misopr					
Medical (Nonsurgical						rgical) Other (					
For Medical (Nonsurgical)							es, answer the following question				
Check the box indicating t  The manufacturer's ins	_	-					ving items were completed s provided to the patient				
☐ The patient signed the J	patient agreement	<u> </u>				ed the patient a					
Medical (Surgical) Su  Medical (Surgical) M						al) Suction Cu al) Menstrual					
Medical (Surgical) O				Medical (Surgical) Other (Specify)							
For Medical (Surgical) pro	cedures, answer the fo	ollowing question.		For Medical (	(Surgica	l) procedures,	answer the following question.				
Was the fetus viable or ha  ☐ Yes ■ No	ave a post fertilization	age at least 20 weeks?		Was the fet		le or have a pos No	st fertilization age at least 20 weeks?				
If the previous question wa	as answered yes, comp	lete the following ques	tions.	_			red yes, complete the following questions.				
Was the fetus given the be ☐ Yes ☐ No	st opportunity to survi	ve?			us given Yes [		rtunity to survive?				
What was the basis for	r determination that	the pregnant woman	had a								
condition that required th				condition th	nat requ	ired the proceed	nination that the pregnant woman had a dure to avert death or serious impairment to				
the pregnant woman?				the pregnan	t womar	1?					
List the name of the second <b>n/a</b>	doctor present, as requ	ired under IC 16-34-2-3	List the nam	e of the	second doctor	present, as required under IC 16-34-2-3(a)(3)					
Date last normal menses be	egan	Physi	cian estimat	te of gestation (i	n weeks	r) Po	ost fertilization age of the fetus (in weeks)				
0	5/25/2018			7			5				
How were the gestational a	age and post fertilization	on age determined?									
Was a waiver of consent obt	ained? \( \sum \text{ Yes}	s • No	Was	a waiver of not	ification	n obtained?	☐ Yes ■ No				
Is the patient seeking an about			Ab			oerced	☐ Harassed ☐ Trafficked				
Full name of physician per											
DR. MANDY GITTLER  Address of physician perfo	rming termination (nu	umbar and street city s	state and zir	n code)							
8645 CONNECTICUT ST	-		iaic, ana zif	, coue j							
**Date Reported to DC	CS, if Patient under	16 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address OF MERR	ILLVILLE - 8645 CONNE	•			own, of pregna	ncy ter	mination		County of p	oregnancy LA	termination <b>KE</b>	
Patient's age**	Marrie	d	Date of pregn	ancy termina	ation	Educa	tion						
23		Yes No	(	07/18/2018				l e		Unknown			
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black o	or Africa	an American		nknown	■ Not I	7 anic or Latino Hispanic or L		☐ Unknown	
Live Births:	N	umber now living	0				Numl	ber now dece	eased	0			
Other Termination	ns: N	umber of spontaneo	ous terminations 0				Numl	ber of induce	ed termi	nations 0			
Dates of termination	ns ( <i>Do no</i>	ot include this termin	nation. If more th	han six (6), ti	hose mo	ost recent.)		5			6		
Fetus delivered alive		If yes, length of t	ime fetus survive	ed:				List any pr complicate			ditions of	the patient that may	
Fetus viable?		If viable, medical	I reason for term	ination:				n/a					
Yes •	No	ii viaole, illedical	i reason for term	mation.					Complic	cation(s) of P	regnancy	Termination	
								■ Nor		_		Perforation	
Pathological examir	nation	If yes, results:							norrhag ection	е ⊔ П		l Laceration d Products	
performed?  ☐ Yes ■	No							_	er (Spec	_	recuirio	a Troude	
	110												
								Did this te	rminatio		ncy result	in a maternal death?	
				Type of	Termin	nation Procedu	ures						
Procedure that Term	ocedur	e that Termin	nated Pr	regnancy									
☐ Medical (Nonsi		rgical) Mife											
Medical (Nons			rgical) Othe										
For Medical (Nonsu				estion		For Medical (							
Check the box indic	-	=	_			Check the bo		-	_	items were c vided to the	-		
☐ The patient sign								ned the patier	-				
Medical (Surgi		tion Curettage nstrual Aspiration				☐ Medical		cal) Suction cal) Menstru					
Medical (Surgi						☐ Medical	(Surgio	cal) Other (S	specify)	iation			
For Medical (Surgic	al) proce	dures, answer the fo	ollowing questio	n.		For Medical	(Surgic	al) procedure	es answ	ver the follow	ing questi	ion	
Was the fetus viab	le or have	e a post fertilization				Was the fe	tus viab	ole or have a		tilization age			
☐ Yes  If the previous ques	■ No tion was	answered ves comr	alete the followin	ng questions		_	es [	_	vered ve	es complete:	the follow	ring questions.	
Was the fetus given	the best			ng questions.		-	•			y to survive?		mg questions.	
□Yes [	□No						Yes [	☐ No					
What was the ba condition that requ the pregnant woman	ired the						hat requ	uired the pro				nt woman had a bus impairment to	
- 2						- F8-min		-					
List the name of the <b>n/a</b>	second de	octor present, as requ	uired under IC 16	i-34-2-3(a)(3)	)	List the nam	e of the	e second doc	tor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)	
Date last normal me	enses beg	an		Physician e	estimate	e of gestation (i	in week	s) I	Post fe	rtilization ag	e of the fe	tus (in weeks)	
	05/	05/2018				10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/	1 550 10	ution ug	8	(at needs)	
How were the gestar ULTRASOUND	tional age	e and post fertilizati	on age determine	ed?									
Was a waiver of cons	sent obtain	ned?	es 🔳 N	lo	Was	a waiver of not	ificatio	on obtained?		Yes	■ No		
Is the patient seeking	an aborti	on as a result of bein	g any of the follo	wing?	Abu	ised		Coerced		Harassed	☐ Tra	afficked	
Full name of physic DR. MANDY GITTI	_	rming termination											
Address of physicia		ning termination (nu	umber and street	t, city, state, o	and zip	code)							
8645 CONNECTIO	-	=				•							
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	D. ( ) **   D. (					City or town, of pregnancy termination  MERRILLVILLE  mination  Education					pregnancy termination  LAKE		
Patient's age**	Marrie	ed .	Date of pregn	ancy termi	ination	Educa	tion						
21		Yes ■ No	(	07/18/201	8					ollege, No D	Degree		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black		an American		known	■ Not I	y anic or Latino Hispanic or L			
Live Births:	N	umber now living	0				Numb	er now c	leceased	0			
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 0			
Dates of termination	ns (Do no	ot include this termin	ation. If more th	han six (6)	, those m	ost recent.)							
1						4		5			6		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may		
7			0 .					N/A					
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				====	Complic	cation(s) of P	regnancy Termination		
									None		Uterine Perforation		
Pathological examin	nation	If yes, results:							Hemorrhag	e 🗆	Cervical Laceration		
performed?	iation	ii yes, iesuits.						_	Infection		Retained Products		
☐ Yes ■	No								Other (Spec	cify)			
											ncy result in a maternal death?		
		1						☐ Ye	s 🔳 N	υ			
				Type	of Termi	nation Procedur							
Procedure that Term		• •			Additional Pr								
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprostol				
Medical (Nons								Other (Spec					
		rocedures, answer th		estion							lowing question		
	-	e following items we	•			Check the bo				items were c			
The patient sign		ructions provided to tient agreement	tne patient						itient agree		patient		
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge			
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi	ration			
	cui) oui	or (Specify)				☐ Medical (Surgical) Other (Specify)							
, -		edures, answer the fo	• .			For Medical	_						
	le or hav	e a post fertilization	age at least 20 v	weeks'?		Was the fe		le or hav ] No	e a post fer	tilization age	e at least 20 weeks?		
	_	answered yes, comp	lete the following	ng question	ns.	_			nswered y	es, complete	the following questions.		
	n the best ☐ No	opportunity to surviv	ve?						opportunit	y to survive?			
	_						Yes [						
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to		
the pregnant woman				*		the pregnan			1				
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
N/A		<u> </u>											
Date last normal me	_			Physicia	n estimat	e of gestation (i	n weeks	s)	Post fe	ertilization ag	e of the fetus (in weeks)		
How were the gesta		25/2018 e and post fertilization	n age determin	ed?		10					8		
ULTRASOUND		p 500 101111124110											
Was a waiver of cons	sent obtain	ned?	. I N	Io	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No		
		on as a result of being			Abu			Coerced		Harassed	☐ Trafficked		
Full name of physic													
DR. MANDY GITT	LER	_											
Address of physicia 8645 CONNECTIO	-	ning termination (nu.			e, and zip	code)							
30-3 CONNECTIO	.01016	, WENNIELVI	, +0410										
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410  Patient's age**  Married  Date of pregnanc					City or town, of pregnancy termination  MERRILLVILLE  County of pregnancy termination  LAKE  Acy termination  Education								
Patient's age** 19		ed ☐ Yes ■ No		ancy term 07/18/20		Edu	ication	Н	ligh Scho	ol Diploma	or GED		
	n or Othe	ka Native er Pacific Islander umber now living	Asian White	■ Blac		an American	Uı	nknown ber now d	■ Not I	/ anic or Latino Hispanic or La			
Live Births:	N	umber of spontaneou	0 us terminations				Num	ber of ind	uced termi	nations			
Other Termination	15.	ot include this termin	1	an sir (6	) those m	ost magaint )	1 (411)			0			
1. UNKNOWN	2		3	iun six (o	), inose m	4		5			6		
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				compli	y preexistin		nditions of the patient that may		
Fetus viable?		If viable, medical	reason for term	ination:				n/a					
☐ Yes ■	No	,							None		Uterine Perforation		
Pathological examir	nation	If yes, results:							Hemorrhag Infection	e 📙	Cervical Laceration Retained Products		
performed?	No								Other (Spec	_	1.00000		
								Did this			ncy result in a maternal death?		
				Type	of Termi	nation Proce	dures	•					
Procedure that Term	ninated P	regnancy		- 1100	Additional Procedure that Terminated Pregnancy								
Medical (Nons			☐ Medical (Nonsurgical) Mifepristone										
Medical (Nonsi		☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)											
Check the box indic	cating the	rocedures, answer the following items we ructions provided to	re completed	stion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient							
☐ The patient sign									tient agree				
Medical (Surgi	cal) Mei	nstrual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Modical (Surgic	nal) proce	edures, answer the fo	llowing question			EM-di-	-1 (Ci			41 6-11	ring question.		
Was the fetus viab		e a post fertilization				Was the	fetus vial				at least 20 weeks?		
	the best	answered yes, comp opportunity to survi-		ng question	ons.	Was the	-	n the best	-	es, complete t y to survive?	the following questions.		
	ired the	determination that procedure to avert of				condition		uired the			e pregnant woman had a th or serious impairment to		
List the name of the <b>N/A</b>	0(3)	List the na	ame of the	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)						
Date last normal me	_	an <b>24/2018</b>		Physicia	an estimat	e of gestation	ı (in week	cs)	Post fe	rtilization age	e of the fetus (in weeks)  8		
How were the gestar		e and post fertilization	on age determine	ed?									
Was a waiver of cons					Was	a waiver of	notificatio	on obtaine	ed?	Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked		
Full name of physic DR. MANDY GITTI	_	rming termination											
Address of physicia	n perform	ning termination (nu			te, and zip	code)							
8645 CONNECTIO	UT STF	REET, MERRILLVI	LLE, IN 46410	) 									
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	EILLVILLE - 8645 CONNE	CTICUT STREET,		City or t	town, of pregr	ancy ter			County of p	pregnancy termination  LAKE
Patient's age** 29	Marrie	ed Yes No	Date of pregn	ancy term 07/18/201		Educ	ation	i	Bache	elor's Degr	·ee
	or Othe	ka Native or Pacific Islander number now living	Asian White	☐ Blac		an American			Not H	nic or Latino ispanic or L	
Live Births:	N	umber of spontaneou	0					per of induced		0 ations	_
Other Termination	13.		0		\ 4l- 000 at		rvanic	oci oi muuccu	terrini	2	
Dates of termination 2013		2015	3	ian six (0 <sub>)</sub>	), tnose m	ost recent.) 4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:				complicate th			nditions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				n/a			
☐ Yes ■	No							■ None			Tregnancy Termination  Uterine Perforation
Pathological examin	nation	If yes, results:						☐ Hemo	rrhage ion		Cervical Laceration Retained Products
performed? ☐ Yes ■	No							Other		_	Retained Froducts
							nination  No	n of pregnar	ncy result in a maternal death?		
		•		Type	of Termi	nation Proced	ıres				
Procedure that Term	ninated P	regnancy		1 ypc	, 51 TCHIII			e that Terminat	ted Pre	gnancy	
☐ Medical (Nonsi	urgical)	Mifepristone				☐ Medica	l (Nonsu	ırgical) Mifepi	ristone		
Medical (Nonsi								rgical) Misop rgical) Other		fy)	
For Medical (Nonsu Check the box indic	eating the		ere completed	stion		Check the b	ox indic	gical) procedurating the follower's instruction	wing it	tems were c	=
☐ The patient sign	ed the pa	tient agreement						ned the patient			-
Medical (Surgion Medica	cal) Mer	nstrual Aspiration				☐ Medica	l (Surgio	cal) Suction Cucal) Menstrual cal) Other (Spe	Aspira		
For Medical (Surgic			• .					al) procedures,			
	le or hav ■ No	e a post fertilization	age at least 20 v	veeks?				ole or have a po	st fert	ilization age	e at least 20 weeks?
If the previous quest	tion was the best	answered yes, comp opportunity to survi-		ng questio	ons.	If the previo	us quest	ion was answern the best oppo	-	-	the following questions.
	ired the	determination that procedure to avert of					that requ	aired the proce			e pregnant woman had a th or serious impairment to
List the name of the <b>n/a</b>	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	(3)	List the nar	ne of the	e second doctor	r prese	nt, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an 15/2018		Physicia	an estimat	e of gestation <b>7</b>	(in week.	s) P	ost fer	tilization ag	e of the fetus (in weeks)  5
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?				<b>'</b>			
Was a waiver of cons		100			Was	a waiver of no				Yes	■ No
Is the patient seeking			g any of the follo	wing?	☐ Abu	ised		Coerced		Harassed	☐ Trafficked
Full name of physic <b>DR. MANDY GITTI</b>	_	rming termination									
Address of physician 8645 CONNECTION	-	-			te, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410						town, of pregn	ancy ter		County of pro	egnancy termination <b>LAKE</b>
Patient's age** 26	Marrie	ed Yes No	Date of pregn	ancy term 07/18/20		Educ	ation	В	achelor's Degre	e
	n or Othe	ka Native or Pacific Islander number now living	Asian White	☐ Blac		an American			ispanic or Latino ot Hispanic or Lat	ino 🔲 Unknown
Live Births:	N	umber of spontaneou	us terminations				Numl	per of induced te	rminations	
Other Termination  Dates of termination	15.		0	han sir (6	) those m	ost recent )			1	_
1. <b>2016</b>	2		3	un six (o	,, mose m	4		5	6	i
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:				complicate the		itions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				n/a		
☐ Yes ■	No							■ None		gnancy Termination Uterine Perforation
Pathological examin	nation	If yes, results:						☐ Hemori		Cervical Laceration Retained Products
performed?  Yes	No							Other (	_	rouned riodads
							nation of pregnanc	y result in a maternal death?		
				Type	of Termi	nation Procedu	ıres			
Procedure that Term	ninated P	regnancy		- J pc				e that Terminate	d Pregnancy	
Medical (Nonsi								rgical) Mifepri		
Medical (Nonsi								argical) Misopro argical) Other (S		
For Medical (Nonsu Check the box indic	cating the		ere completed	estion		Check the b	ox indic	ating the follow	s, answer the following items were con	mpleted
☐ The patient sign	ed the pa	tient agreement				☐ The pat	ient sign	ned the patient ag	reement	
Medical (Surgion Medica	cal) Mer	nstrual Aspiration				☐ Medica	l (Surgic	eal) Suction Cur eal) Menstrual A eal) Other (Spec	spiration	
For Medical (Surgic	al) proce	edures, answer the fo	llowing questio	n.		For Medical	(Surgical	al) procedures, a	nswer the followin	ng question.
	le or hav	e a post fertilization	age at least 20 v	weeks?		Was the fe	etus viab		fertilization age a	
If the previous quest Was the fetus given  Yes	the best	answered yes, comp opportunity to survi		ng questio	ns.	Was the fe	-	n the best opport	d yes, complete th unity to survive?	e following questions.
	ired the	determination that procedure to avert of				What was	the ba	asis for determ		pregnant woman had a or serious impairment to
List the name of the <b>n/a</b>	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	(3)	List the nan	ne of the	e second doctor	present, as require	d under IC 16-34-2-3(a)(3)
Date last normal me	-	an <b>23/2018</b>		Physicia	n estimat	e of gestation (	in week.	Pos	t fertilization age	of the fetus (in weeks)  5
How were the gestar ULTRASOUND	tional ago	e and post fertilization	on age determin	ed?				I		
Was a waiver of cons		100			Was	a waiver of no	tificatio	n obtained?	Yes	■ No
Is the patient seeking			g any of the follo	wing?	☐ Abu	ısed		Coerced	Harassed	☐ Trafficked
Full name of physic <b>DR. MANDY GITTI</b>	-	rming termination								
Address of physicia 8645 CONNECTIO	n perforn	-			e, and zip	code)				
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	EILLVILLE - 8645 CONNE	CTICUT STREET,		City or	town, of pregr MERF	ancy ter			County of p	pregnancy termination  LAKE
Patient's age** 28	Marrie	ed Yes No	Date of pregna	ancy term 07/18/20		Educ	ation	Sc	ome Co	ollege, No D	)egree
	n or Othe	ka Native or Pacific Islander number now living	☐ Asian ■ White	☐ Blac		an American		[	■ Not I	anic or Latino Hispanic or L	
Live Births:	N	umber of spontaneou	2 us terminations					ber of induce		0 nations	
Other Termination  Dates of termination	15.		0	an sir (6	) those m	ost recent )	1,411			1	
1. UNKNOWN	2		3	ian six (0)	, inose m	4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				complicate			nditions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				n/a			
☐ Yes ■	No	·						■ Noi	ne		Tregnancy Termination Uterine Perforation
Pathological examin	nation	If yes, results:							norrhag ection	e ∐ □	Cervical Laceration Retained Products
performed? ☐ Yes ■	No							_	ection ier ( <i>Spec</i>	_	Retained Floducts
						Did this te	erminatio		ncy result in a maternal death?		
		I		T	of Tome:	nation Drass	urac			-	
Procedure that Term	ninated P	regnancy		1 ype	OI ICIIIII	Additional l		e that Termi	nated Pr	regnancy	
☐ Medical (Nonsi	urgical)	Mifepristone				☐ Medica	l (Nonsu	urgical) Mif	epriston	e	
☐ Medical (Nonsi								argical) Mis argical) Oth			
	cating the rer's instr	e following items we ructions provided to	ere completed	stion		Check the b	ox indic nufactur	eating the fol er's instructi	llowing ions pro	items were c vided to the	=
The patient sign  Medical (Surgion								ned the patie cal) Suction			
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medica	l (Surgio	cal) Menstrucal) Other (S	ıal Aspi		
For Medical (Surgic		edures, answer the fo									ving question. e at least 20 weeks?
Yes If the previous quest	■ No tion was	answered ves comn	lete the followir	ng questio	ng	_	_	☐ No	wered ve	es complete t	the following questions.
	the best	opportunity to survi		is questio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Was the fe	-	n the best op	-	y to survive?	
	ired the	determination that procedure to avert of					that requ	uired the pro			e pregnant woman had a th or serious impairment to
List the name of the <b>n/a</b>	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	0(3)	List the nai	ne of the	e second doc	ctor pres	ent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	-	an <b>01/2018</b>		Physicia	an estimat	e of gestation	(in week	rs)	Post fe	rtilization ag	e of the fetus (in weeks)
How were the gestar			on age determine	ed?							<u> </u>
Was a waiver of cons		100			Was	a waiver of n	otificatio	on obtained?		Yes	■ No
Is the patient seeking	an aborti	on as a result of being	g any of the follo	wing?	☐ Abı	ised		Coerced		Harassed	☐ Trafficked
Full name of physic DR. MANDY GITTI	-	rming termination									
Address of physicia 8645 CONNECTIC	n perforn	-			te, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MER	RILLVILLE - 8645 CONNE	CTICUT STREET,		City or to	own, of pregr MERF	ancy ter			County of p	regnancy LA	termination <b>KE</b>
Patient's age** 24	Marri	ed □ Yes ■ No	Date of pregn	ancy term		Educ	ation	ŀ	ligh Scho	ool Diploma	or GED	
Race American Indian Native Hawaiian		ska Native er Pacific Islander	Asian White	■ Blac		n American	ПUп	ıknown		y anic or Latino Hispanic or La		Unknown
Live Births:		Number now living	1		-				deceased	0		
Other Termination	ns:	Number of spontaneou					Numl	per of inc	luced termi			
Dates of termination	ns (Do n	ot include this termin	ation. If more to	,	**	est recent.)		5		<u>'</u>	6	
Fetus delivered alive		If yes, length of ti							y preexistin		ditions of	the patient that may
								n/a				
Fetus viable?  ☐ Yes ■	No	If viable, medical	reason for term	ination:					None	cation(s) of Pr	Uterine	Termination Perforation I Laceration
Pathological examir	nation	If yes, results:							Hemorrhag Infection	ge 🗆		d Products
performed? ☐ Yes ■	No								Other (Spe	cify)		
								Did thi			cy result	in a maternal death?
			Туре	ation Proced	ures							
Procedure that Term						Additional l						
Medical (Nons	urgical)	Misoprostol				☐ Medica	l (Nonsu	irgical) l	Mifepriston Misoprosto	l		
Medical (Nons	urgical)	Other (Specify)				☐ Medica	l (Nonsu	irgical) (	Other (Spec	eify)		
For Medical (Nonsu Check the box indic    The manufactur   The patient sign   Medical (Surgi		Check the b	ox indic nufactur ient sigr	ating the er's instr ned the pa	following		ompleted					
☐ Medical (Surgi	cal) Ot					☐ Medica	l (Surgio	cal) Othe	strual Aspi er ( <i>Specify</i> )			
Was the fetus viab  ☐ Yes  If the previous ques  Was the fetus given	le or har No tion was	redures, answer the for we a post fertilization is answered yes, comp topportunity to survi	age at least 20 v	weeks?	ons.	Was the f	etus viab Yes [ ous quest	ole or have No ion was a	ve a post fer answered y	ver the following rtilization age es, complete the ty to survive?	at least 2	
What was the ba	sis for	determination that e procedure to avert of				What wa	s the ba	nsis for aired the				nt woman had a ous impairment to
List the name of the <b>n/a</b>	second	doctor present, as requ	ired under IC 16	i-34-2-3(a)	)(3)	List the nar	ne of the	esecond	doctor pres	sent, as requir	ed under	IC 16-34-2-3(a)(3)
Date last normal me	05	/02/2018			an estimate	of gestation	(in week.	s)	Post fe	ertilization age	of the fe	etus (in weeks)
How were the gestar ULTRASOUND	tional a	ge and post fertilization	on age determin	ed?					·			
Was a waiver of cons					Was a	waiver of n	otificatio	n obtain	ed?	☐ Yes	■ No	
		tion as a result of being	any of the follo	wing?	Abu	sed		Coerced		Harassed	☐ Tra	afficked
Full name of physic DR. MANDY GITTI	-	orming termination										
Address of physicia	n perfor	ming termination (nu REET, MERRILLVI			te, and zip	code)						
**Date Reported	to DC	S, if Patient under	6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	town, of pregna	•			County of p	pregnancy termination  LAKE
Patient's age**	Marrie	ed	Date of pregn	ancy termi	ination	Educa	tion		·		
29		Yes No		07/18/201	8					elor's Degr	ee
Race American Indian Native Hawaiian	or Othe	er Pacific Islander	☐ Asian ☐ White	■ Black		an American		known	■ Not I	anic or Latino Hispanic or L	
Live Births:		umber now living	3					er now c		0	
Other Termination	ns:	umber of spontaneou	is terminations 1				Numb	er of ind	uced termi	nations <b>0</b>	
Dates of termination  1. UNKNOWN	ns (Do no	ot include this termin						5			6
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
E 4 : 11.9		TC 1.11 11 1	C	• • • • • • • • • • • • • • • • • • • •				n/a			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Complia	cation(s) of P	regnancy Termination
								_	None		Uterine Perforation
Pathological examin	ation	If yes, results:							Hemorrhag Infection	e ∐	Cervical Laceration Retained Products
performed?	No							_	Other (Spec	cifv)	Retained 1 foddets
l ies	NO							]	(-7	337	
								Did thi	s termination	on of pregner	ncy result in a maternal death?
								☐ Ye			icy result in a maternal death?
				Туре	of Termi	nation Procedu	res				
Procedure that Term	inated P	regnancy				Additional Pr	ocedure	e that Ter	minated Pr	regnancy	
☐ Medical (Nonsu ☐ Medical (Nonsu									Mifepriston Misoprostol		
Medical (Nonsu									Other (Spec		
For Medical (Nonsur				estion							lowing question
	-	e following items we ructions provided to	-			Check the bo				vided to the	
The patient signo		•	· · · · · · · · · · · · · · · · · · ·			☐ The patie	ent sign	ed the pa	tient agree	ment	
Medical (Surgio		tion Curettage astrual Aspiration							ion Curetta strual Aspi		
Medical (Surgio									r (Specify)		
For Medical (Surgic	al) proce	edures, answer the fo	llowing questio	n.		For Medical (	(Surgica	al) proce	dures, answ	er the follow	
		e a post fertilization	age at least 20 v	weeks?					e a post fer	tilization age	e at least 20 weeks?
	■ No tion was	answered yes, compl	lete the following	ng question	1S.	☐ Y  If the previou		] No ion was a	nswered y	es, complete t	the following questions.
	the best	opportunity to surviv	ve?						opportunit	y to survive?	
			a .	,	,		Yes [				
condition that requ	ired the	determination that procedure to avert of									e pregnant woman had a th or serious impairment to
the pregnant woman	1?					the pregnan	t woma	n?			
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	nses bea	an		Physicia	n estimat	e of gestation (i	n wook	5)	Post fo	rtilization age	e of the fetus (in weeks)
	_	28/2018		_ 11y51C1a	Journal	10			1 031 10	zacion agi	8
How were the gestat  ULTRASOUND	tional age	e and post fertilization	n age determin	ed?							
	4 -1-4-:-	10			***		· c	14.1	10		
Was a waiver of cons Is the patient seeking					Was   □ Abu	a waiver of not ised		n obtaine coerced	Ju!	Yes Harassed	■ No □ Trafficked
Full name of physici											
DR. MANDY GITTL											
Address of physician 8645 CONNECTIC	-	-			e, and zip	code)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNE	CTICUT STREET,		City or t	town, of p		ncy tern			County of	pregnancy termination  LAKE
Patient's age** 21	Marrie [	d Yes No	Date of pregna	ncy term 7/18/201		I	Educat	ion	ŀ	ligh Scho	ool Diploma	or GED
Race American Indian Native Hawaiian	n or Othe		Asian White	☐ Black		an Americ	can	Unl			y anic or Latin Hispanic or L	
Live Births:			1								0	
Other Termination	15.	umber of spontaneou	0					Numb	er of inc	luced termi	nations <b>0</b>	
Dates of termination	ns (Do no	ot include this termin	ation. If more th	an six (6)	), those m	ost recent.	.)					4
Fetus delivered aliv		If yes, length of ti		ed:						y preexistin	-	aditions of the patient that may
Fetus viable?		If viable, medical							n/a			
Yes Yes	No	ii viabie, medicai	reason for termi	nation:						None		regnancy Termination  Uterine Perforation  Cervical Laceration
Pathological examin	nation	If yes, results:							_	Hemorrhag Infection	ge	
performed?  Yes	No								_	Other (Spe	_	Retained Froducts
												ncy result in a maternal death?
					cm :	.: D	1		☐ Ye	,3 <u> </u>		
Procedure that Term	ninated P	regnancy		Туре	of Termi	nation Pro			that Te	rminated P	regnancy	
☐ Medical (Nons		•								Mifepriston	•	
Medical (Nons Medical (Nons									Misoprosto Other (Spec			
For Medical (Nonsu Check the box indic	cating the		Check t	he box	x indica	iting the	following	nswer the fol items were covided to the	_			
☐ The manufacture ☐ The patient sign		ructions provided to tient agreement	the patient							atient agree		patient
Medical (Surgi	cal) Mei	nstrual Aspiration				☐ Me	dical (	Surgica	al) Men	ion Curetta strual Aspi er (Specify)	ration	
- M I: 1/G	1)	1 0	11 2 2					~ .				<del></del>
		e a post fertilization	• .					us viabl				ving question. e at least 20 weeks?
If the previous ques Was the fetus given  Yes	the best	answered yes, comp opportunity to survi		g question	ns.		he fetu	•	the best	•	es, complete ty to survive?	the following questions.
What was the ba	sis for	determination that procedure to avert of				condit	was	the bas	sis for ired the			e pregnant woman had a th or serious impairment to
List the name of the <b>n/a</b>	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the	e name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>24/2018</b>		Physicia	n estimat	e of gestat	tion (in	n weeks	')	Post fe	ertilization ag	e of the fetus (in weeks)  8
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons	sent obtai	ned?	s 🔳 N	0	Was	a waiver	of noti	ification	n obtain	ed?	☐ Yes	■ No
Is the patient seeking	an aborti	on as a result of being	g any of the follow	wing?	☐ Abu	ised		☐ C	oerced		Harassed	☐ Trafficked
Full name of physic	-	rming termination										
Address of physicia		ning termination (nu	mber and street,	city, state	e, and zip	code)						
8645 CONNECTIO	-	-				•						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	town, of pregna	•			County of p	pregnancy termination  LAKE
Patient's age**	Marrie	ed .	Date of pregn	ancy termi	nation	Educa	tion				
39		☐ Yes ■ No	(	07/18/201	8					ollege, No D	Degree
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Black		an American		known	■ Not I	/ anic or Latino Hispanic or La	
Live Births:	N	umber now living	2					er now d		0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of ind	uced termi	nations <b>2</b>	
Dates of termination  1. UNKNOWN		t include this termin	ation. If more th		, those m	ost recent.)		5			6
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
								N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of Pr	regnancy Termination
								<b>■</b> 1	None		Uterine Perforation
Pathological avamir	nation	If yes, results:						1	Hemorrhag	e 🗆	Cervical Laceration
Pathological examir performed?	iation	ii yes, iesuits.							Infection		Retained Products
☐ Yes ■	No								Other (Spec	cify)	
											ncy result in a maternal death?
		1						☐ Ye	s 🔳 N	υ	
				Type	of Termi	nation Procedu					
Procedure that Term						Additional Pr				•	
Medical (Nonsi									Mifepriston Misoprostol		
Medical (Nons									Other (Spec		
		rocedures, answer the		estion							lowing question
	-	e following items we	-			Check the bo				items were c vided to the	
The patient sign		ructions provided to tient agreement	tne patient						itient agree		patient
Medical (Surgi	cal) Suc	tion Curettage				☐ Medical	(Surgic	al) Sucti	ion Curetta	ge	
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi r (Specify)	ration	
Wiedieur (Surgi	cui) oui	or (Specify)				Wiedieur	(Suigic	ui) ouic	г (Бресцу)		
		edures, answer the fo				For Medical					• .
	le or hav	e a post fertilization	age at least 20 v	weeks'?		Was the fe		le or hav No	e a post fer	tilization age	e at least 20 weeks?
	_	answered yes, compl	lete the following	ng question	1S.	_			nswered ye	es, complete t	the following questions.
	the best	opportunity to surviv	ve?						opportunit	y to survive?	
	_		a				Yes [				
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to
the pregnant woman						the pregnan					r
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
N/A						<u> </u>					
Date last normal me	-			Physician	n estimat	e of gestation (i	n weeks	5)	Post fe	rtilization age	ge of the fetus (in weeks)
How were the gesta		KNOWN  e and post fertilization	n age determin	ed?		9					7
ULTRASOUND		p 500 101 minute									
Was a waiver of cons	sent obtain	ned?	s I N	lo.	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No
		on as a result of being			Abu			Coerced		Harassed	☐ Trafficked
Full name of physic											
DR. MANDY GITTI											
Address of physicia 8645 CONNECTIO	-	ning termination (num REET, MERRILLVI			e, and zip	code)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	Address o (PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or t	town, of pregna	•			County of	pregnancy MON	termination ROE
Patient's age**	Marrie	ed	Date of pregn	ancy termi	nation	Educa	tion					
19		☐ Yes ■ No	(	07/19/201	8					th, No Dipl	loma	
Race American India Native Hawaiia	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American	_	ıknown	Not I	y anic or Latin Hispanic or I		Unknown
Live Births:	N	umber now living	0				Numb	per now c	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of ind	uced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more to	han six (6),	, those m	ost recent.)						
1		2				4		5			6	
Fetus delivered aliv  ☐ Yes  ■		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of	the patient that may
Fetus viable?		If viable, medical	reason for term	ination:					C1:	(-) -£T		Titi
☐ Yes ■	No								None	cation(s) of F	_	
								=	None Hemorrhag		_	Perforation  I Laceration
Pathological examin	nation	If yes, results:						_	Infection		Retained	d Products
performed?	No								Other (Spec	cify)		
								Did thi	s termination	on of pregna	ncy result i	in a maternal death?
								☐ Ye				
				Type	nation Procedur	res						
Procedure that Tern	ninated P	regnancy		ocedure	e that Ter	minated Pr	regnancy					
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprostol			
Medical (Nons									Other (Spec			
		rocedures, answer th		estion		For Medical (						estion
	-	e following items we ructions provided to	•			Check the bo		_	_	items were ovided to the	-	
☐ The manufacture ☐ The patient sign		•	me patient						itient agree		patient	
Medical (Surgi									ion Curetta			
☐ Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi r (Specify)			
For Modical (Surgice	nal) proge	edures, answer the fo	llowing questio			Fan Madiaal	·C	-1)	J	41 11		
		e a post fertilization				For Medical ( Was the fet				rtilization ag		
☐ Yes	■ No	-				☐ Y	es [	No				
		answered yes, comportunity to surviv		ng question	1S.	_	-		-	es, complete by to survive?		ing questions.
	□No	opportunity to survi					res [		оррогини	y to survive:		
		determination that				What was	the ba	sis for	determinat	tion that th	e pregnan	t woman had a
condition that requ the pregnant woman		procedure to avert of	leath or serious	s impairme	nt to		nat requ	ired the				ous impairment to
program woma						aic pregnan	i woilid	11:				
				. 24 2 2	2)	g 1			1 .	,	. ,	TO 16 24 2 26 27
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	o-34-2-3(a)(	(5)	List the nam	e of the	second	aoctor pres	sent, as requi	ired under	IC 16-34-2-3(a)(3)
Date last normal me	enses beg	an		Physician	n estimat	e of gestation (i	n week:	5)	Post fe	rtilization ag	ge of the fe	tus (in weeks)
		01/2018				8					6	
How were the gesta  ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
Ļ		10							10			
Was a waiver of cons		ned? Yes on as a result of being			Was ☐ Abu	a waiver of not		n obtaine	ed?	☐ Yes Harassed	■ No	nfficked
Full name of physic			,, 51 the 10110	······································	Au					114145504		
KRISTY L NEWTO	_	ining termination										
	-	ning termination (nu		t, city, state	e, and zip	code)						
8590 GEORGETO	WN KD,	, INDIANAPOLIS,	IN 40268									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	Address (PPCSI) (I	MONROE CO.) - 421 SOL	•			town, of pregna	ancy ter	mination	-	County of p		y termination
Patient's age**	Marrie	ed .	Date of pregna	ancy term	ination	Educa	tion			•		
22	_	Yes No		7/19/201	18					ollege, No D	egree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American	☐ Ur	nknown		y anic or Latino Hispanic or La		Unknown
Live Births:	N	umber now living	1				Numl	ber now d	eceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations				Numl	ber of indu	uced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	nation. If more th	han six (6)	), those m	ost recent.)	1					
1	2		3			4		5			6	
Fetus delivered alive		If yes, length of the	ime fetus survivo	ed:					preexisting preexisting preexisting preexisting preexisting and the preexisting preexistin		ditions of	f the patient that may
Fetus viable?		If viable, medical	reason for term	ination:								
☐ Yes ■	No								_			Termination Perforation
									None Hemorrhag	_		al Laceration
Pathological examir performed?	nation	If yes, results:							nfection		Retaine	ed Products
Yes •	No								Other (Spec	cify)		
								Did this			icy result	in a maternal death?
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy				Additional Pr	rocedur	e that Ten	minated Pr	regnancy		
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>									lifepriston lisoprostol			
Medical (Nons									ther (Spec			
For Medical (Nonsu	ırgical) pı	rocedures, answer th	ne following que	stion		For Medical (	(Nonsui	rgical) pro	cedures, a	nswer the foll	owing qu	estion
Check the box indic		=	-					_	_	items were c	-	I
The manufacture  The patient sign			the patient						tient agree	wided to the perment	patient	
☐ Medical (Surgi	cal) Suc	tion Curettage				☐ Medical						
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)				☐ Medical ☐ Medical	(Surgio	cal) Mens	strual Aspi ( <i>Specify</i> )	ration		
	,	(-F 32)					( 8	,	(-r - 32)			
For Medical (Surgic		edures, answer the for e a post fertilization				For Medical				ver the follow rtilization age		
Yes		e a post fertilization	age at least 20 v	veeks?			es [		e a post ici	itilization age	at icast 2	to weeks?
If the previous ques		-		ng questio	ns.	•	•		•		the follow	ving questions.
	i the best ☐No	opportunity to survi	ve?				us givei Yes     [		opportunit	ty to survive?		
What was the ha	sis for	determination that	the pregnant	woman h	nad a	What was	tha h	agia for	datarminat	tion that the	nragna	nt woman had a
	iired the	procedure to avert					hat requ	uired the j				ous impairment to
List the name of the	second de	octor present, as requ	iired under IC 16	-34-2-3(a)	(3)	List the nam	e of the	e second d	loctor pres	sent, as requir	ed under	r IC 16-34-2-3(a)(3)
Date last normal me	_	an KNOWN		Physicia	ın estimat	e of gestation (	in week	s)	Post fe	ertilization age	e of the fo	etus (in weeks)
How were the gesta			on age determine	ed?		8					U	
ULTRASOUND		r										
Was a waiver of cons	sent obtain	ned?	s 🔳 N	lo	Was	a waiver of not	tificatio	n obtaine	d?	Yes	■ No	)
Is the patient seeking	an aborti	on as a result of being	g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Tr	rafficked
Full name of physic	-	rming termination										
Address of physicia		ning termination (nu	umber and street	, city, stat	e, and zip	code)						
8590 GEORGETO	-	=			~·F	<u> </u>						
**Date Reported	to DCS	, if Patient under	16 (month, day.	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	Address D (PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or t	town, of pregna	•			County o		ncy termination ONROE
Patient's age**	Marrie	d	Date of pregn	ancy termi	nation	Educa	tion					
36		Yes No		07/19/201	8				Some Co	ollege, No	Degre	e
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black		an American		ıknown	■ Not I	/ anic or Lati Hispanic or		☐ Unknown
Live Births:	N	umber now living	1				Numb	per now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of ind	luced termi	nations <b>0</b>		
Dates of termination  1. UNKNOWN		t include this termin UNKNOWN	ation. If more to					5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		ondition	s of the patient that may
								Seizu	ıre disord	er.		
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of	Pregnar	ncy Termination
	NO								None		_ ~	rine Perforation
									Hemorrhag	е [	Cerv	vical Laceration
Pathological examination performed?	nation	If yes, results:							Infection	[	Reta	nined Products
☐ Yes ■	No								Other (Spec	cify)		
											ancy res	sult in a maternal death?
								☐ Ye	s 🔳 N	0		
				Type	nation Procedur							
Procedure that Term						Additional Pr						
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprostol			
Medical (Nons								Other (Spec				
For Medical (Nonsu				estion		For Medical (						
Check the box indic	-	e following items we fuctions provided to	•			Check the bo		_	following uctions pro		_	
☐ The manufactur			the patient						atient agree		c patien	
Medical (Surgi									ion Curetta			
☐ Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi er (Specify)	ration		
, ,	ŕ							ĺ				
- M 1: 1/G :	1)	1 0										
For Medical (Surgic		e a post fertilization				For Medical (	_					st 20 weeks?
☐ Yes	■ No	-				☐ Y	es [	No	_		_	
If the previous ques				ng question	ıs.	_	-		-	-		lowing questions.
	∏No	opportunity to surviv	ve:			Was the fett	us giver Yes [		opportunit	y to survivo	e?	
What was the ba	isis for	determination that	the pregnant	woman h	ad a	What was	the bo	isis for	determinat	tion that t	he pres	nant woman had a
condition that requ	uired the	procedure to avert of				condition th	nat requ	iired the				serious impairment to
the pregnant woman	11!					the pregnan	t woma	n'?				
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(	3)	List the nam	e of the	second	doctor pres	sent, as req	uired un	der IC 16-34-2-3(a)(3)
Date last normal me	enses hea	an		Physician	n estimat	e of gestation (i	n wook	c)	Poet fo	rtilization	age of th	e fetus (in weeks)
Date last normal life	_	KNOWN		1 mysiciai	. Comman	6	WEEK	-1	1 031 10		4	
How were the gesta	tional ag	e and post fertilization	on age determin	ed?					•			
ULTRASOUND												
Was a waiver of cons						a waiver of not			ed?	Yes		
Is the patient seeking			any of the follo	owing'?	☐ Abu	ised		Coerced		Harassed		Trafficked
Full name of physic  KRISTY L NEWTO	_	rming termination										
Address of physicia		ning termination (nu	mber and street	t, city, state	e, and zip	code)						
8590 GEORGETO	WN RD,	INDIANAPOLIS,	IN 46268									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

PLANNEĎ PARENTHOOD	Facility Name and Address *LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, *BLOOMINGTON, IN, 47403						nancy ter	mination ON		County of p	oregnancy termination MONROE
Patient's age** 38	Marrie [	d Yes No	Date of pregna	ncy term 7/19/20		Edu	cation	н	ligh Scho	ol Diploma	or GED
Race American Indian Native Hawaiian Live Births:	n or Othe		Asian White	☐ Blac		an American		nknown ber now d	■ Not I	y anic or Latino Hispanic or L	
	N	umber of spontaneou	as terminations				Numl	ber of ind	uced termi	nations	
Other Termination  Dates of termination	15.		0	an six (6	) those m	ost recent )				0	
1	2	·	3			4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					y preexistin	-	ditions of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for termi	nation:					Complic	cation(s) of P	regnancy Termination Uterine Perforation
Pathological examir performed?		If yes, results:						_ ı	Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products
					Did thi			ncy result in a maternal death?			
				Туре	of Termi	nation Procee	ures				
Procedure that Term	ninated P	regnancy				Additional		e that Ter	minated Pi	regnancy	
Medical (Nonsi	urgical)	Misoprostol				☐ Medic	al (Nonsu	ırgical) N	Mifepriston Misoprostol Other (Spec	l	
The patient sign  Medical (Surgi	eating the rer's instr ed the pa cal) Suc cal) Mer	e following items we uctions provided to tient agreement tion Curettage astrual Aspiration	stion		Check the  The many the part of the part o	oox indic anufactur tient sign al (Surgio al (Surgio	eating the er's instru- ned the pa- cal) Suctional Men-	following	items were covided to the period ge ration	•	
		dures, answer the fo	• 1			Was the	fetus viab				ing question. at least 20 weeks?
If the previous ques  Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		g questio	ons.	Was the f	-	n the best	-	es, complete to ty to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	uired the			pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the na	me of the	e second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	06/	01/2018			an estimat	e of gestation	(in week	s)	Post fe	ertilization ag	e of the fetus (in weeks)  5
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?							
Was a waiver of cons					Was	a waiver of r				Yes	■ No
Is the patient seeking			any of the follow	wing?	☐ Abı	ised		Coerced		Harassed	☐ Trafficked
Full name of physic  KRISTY L NEWTO	-	rming termination									
Address of physicia 8590 GEORGETO	-	-		city, stat	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and APLANNED PARENTHOOD BLOOMINGTON, IN, 4740							nancy ter			County of p	oregnancy termination MONROE
Patient's age** 21	Marrie [	d Yes No	Date of pregna	ancy term 07/19/20		Edu	cation	F	ligh Scho	ol Diploma	or GED
_	n or Othe		Asian White	☐ Blac		an American	Uı Uı	nknown ber now c	■ Not I	/ anic or Latino Hispanic or La	
Live Births:	N	umber of spontaneou	2 is terminations				Num	ber of ind	luced termi	nations	
Other Termination	15.	t include this termin	0	an sir (6	) those m	ost recent )				0	
1	2	·	3	un six (0)	), inose m	4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					y preexistin cate the abo	-	ditions of the patient that may
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for term	nation:					None		regnancy Termination Uterine Perforation
Pathological examir performed?		If yes, results:							Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products
					Did thi ☐ Ye			ncy result in a maternal death?			
				Туре	of Termi	nation Proce	dures				
Procedure that Term						Additional				•	
Medical (Nons)     Medical (Nons)     Medical (Nons)	urgical)	Misoprostol				☐ Medic	al (Nonsı	ırgical) N	Mifepriston Misoprosto Other (Spec	[	
The patient sign  Medical (Surgi	eating the rer's instr ed the pa cal) Suc cal) Mer	e following items we uctions provided to tient agreement tion Curettage astrual Aspiration	stion		Check the  The m  The pa  Medic  Medic	box indicanufacturatient signal (Surgional (Surgiona) (Surgional (Surgiona) (Surgiona) (Surgiona) (Surgiona) (Surgiona) (Surgiona) (Surgiona) (Surgional (Surgiona) (Surgional (Surgiona) (Surgiona) (Surgiona) (Surgiona) (Surgiona) (Surgional (Surgiona) (	cating the rer's instrued the particular Suctional Control	following	items were c vided to the p ment ge	•	
		dures, answer the fo	• .			Was the	fetus vial			ver the follow	ing question. at least 20 weeks?
If the previous ques	tion was the best	answered yes, comp opportunity to surviv		g questio	ons.	If the previ	ous quest	tion was a	-	es, complete t y to survive?	the following questions.
	ired the	determination that procedure to avert of					that req	uired the			e pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	(3)	List the na	me of the	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	06/	26/2018			an estimat	e of gestation <b>7</b>	ı (in week	<i>(s)</i>	Post fe	rtilization age	e of the fetus (in weeks)  5
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?							
Was a waiver of cons					Was	a waiver of r			ed?	Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic  KRISTY L NEWTO	-	rming termination									
Address of physicia 8590 GEORGETO	-	-		city, stat	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and APLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or	town, of pregr	nancy ter			County of p	oregnancy termination MONROE
Patient's age** 29	Marrie [	d Yes No	Date of pregna	ancy term 07/19/20		Educ	ation	F	ligh Scho	ol Diploma	or GED
_	n or Othe		Asian White	☐ Blac		an American		iknown oer now d	■ Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber of spontaneou	1 is terminations				Numl	per of ind	uced termi	nations	
Other Termination  Dates of termination	15.		0	an sir (6	) those m	ast recent )	1,4111			0	
1	2		3	un six (0	), inose m	4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:					y preexistin cate the abo	-	ditions of the patient that may
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for term	ination:				_	None		regnancy Termination Uterine Perforation
Pathological examir performed?		If yes, results:							Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products
								Did thi ☐ Ye			ncy result in a maternal death?
				Туре	of Termi	nation Proced	ures				
Procedure that Term		•				Additional					
☐ Medical (Nonsi ☐ Medical (Nonsi ☐ Medical (Nonsi	urgical)	Misoprostol				☐ Medica	ıl (Nonsu	ırgical) N	Mifepriston Misoprosto Other (Spec	l	
The patient sign  Medical (Surgi	eating the rer's instr ed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage astrual Aspiration	ere completed	stion		Check the b	oox indic nufactur ient sign il (Surgio il (Surgio	ating the er's instrumed the partial) Suctional) Men	following	items were covided to the period ge ration	=
		edures, answer the fo				Was the f	etus viab				ing question. at least 20 weeks?
If the previous ques	tion was the best	answered yes, comp opportunity to surviv		g questio	ons.	If the previo	ous quest	ion was a the best	-	es, complete try to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	aired the			e pregnant woman had a h or serious impairment to
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the na	ne of the	e second			red under IC 16-34-2-3(a)(3)
Date last normal me	_	an 11/2018		Physicia	an estimat	e of gestation 6	(in week	s)	Post fe	ertilization ag	e of the fetus (in weeks)
How were the gesta ULTRASOUND			on age determine	ed?		· ·					
Was a waiver of cons						a waiver of n				Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic  KRISTY L NEWTO	-	rming termination									
Address of physicia 8590 GEORGETO	-	-		, city, stat	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Date of pregnancy   Nome   Date of pregnancy   Commission   Date of pregnancy   Commission   Date of pregnancy   Date of Dat	Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or t	town, of pregr	ancy ter			County of p	oregnancy termination  MONROE
Asian   Asian   Asian   Asian   Asian   Asian   Other   Asian   Other   Asian   Other   Asian   Other   Asian   Other   Asian   Other   Othe	_				•		Educ	ation	•	Some Co	ollege, No D	Degree
One   Commission   Number of induced terminations   Number of in	American Indian Native Hawaiian	n or Othe	r Pacific Islander		=		an American			Hispa	anic or Latino	
Detect of certainates   De not include this termination.   Detect of certainates   De not include this termination   Detect of the patient that mide   Petus schievered adare?   If yea, length of time fetus survived:   Camplication(x) of Programery Termination   Camplication   Camplication(x) of Programery Termination   Camplication   Cam		N		1 s terminations								
Fetus viable   Stress length of time fetus survived.		15.	<u> </u>	0	an sir (6	) those m	ost recent )	rum	or or maa			
Petes viable?   No		2			un six (o		4		5			6
Pathological ccamination   If yes, results:	l <u> </u>		If yes, length of ti	me fetus survivo	ed:				-	-	-	nditions of the patient that may
Pathological examination   Procedures   If yes, results:		No	If viable, medical	reason for term	ination:					_	cation(s) of Pr	Uterine Perforation
Type of Termination Procedures    Additional Procedure that Terminated Pregnancy	performed?		If yes, results:						☐ In	fection		
Procedure that Terminated Pregnancy											ncy result in a maternal death?	
Medical (Nonsurgical) Mifepristone   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)					Туре	nation Proced	ures					
Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)   For Medical (Nonsurgical) Other (Specify)   For Medical (Nonsurgical) Other (Specify)   Medical (Nonsurgical) Other (Specify)   For Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Other (Specify)   Medical (Surgical) Suction (Surgical) Suction (Surgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curettage   Medical (Surgical) Other (Specify)   Medical (Surgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Other (Specify)   Medical (Surgical) Suction Curettage   Medical (Surgical) Suction Curetage   Medical (Surgical) Suc			•								•	
Check the box indicating the following items were completed   The manufacturer's instructions provided to the patient   The patient signed the patient agreement   The patient signed the patient signed the patient agreement   The patient sig	Medical (Nonsi	urgical)	Misoprostol				☐ Medica	l (Nonsu	ırgical) M	isoprosto!	[	
Was the fetus viable or have a post fertilization age at least 20 weeks?    Yes   No     If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?   Yes   No     What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)    Date last normal menses began   Physician estimate of gestation (in weeks)   Ro     How were the gestational age and post fertilization age determined?    ULTRASOUND   Was a waiver of consent obtained?   Yes   No     No   Was a waiver of notification obtained?   Yes   No     Is the patient seeking an abortion as a result of being any of the following?   Abused   Coerced   Harassed   Trafficked     Full name of physician performing termination (number and street, city, state, and zip code)	Check the box indic  The manufactur The patient sign Medical (Surgi Medical (Surgi	eating the rer's instr ed the par cal) Succ cal) Mer	e following items we ructions provided to tient agreement tion Curettage astrual Aspiration	ere completed	stion		Check the b	ox indic nufactur ient sign l (Surgional)	ating the f er's instruc- ned the pati- cal) Suctional Menst	collowing ctions pro- ient agree on Curetta crual Aspi	items were c vided to the p ment ge	ompleted
If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  N/A  Date last normal menses began  UNKNOWN  Physician estimate of gestation (in weeks)  No  How were the gestational age and post fertilization age determined?  ULTRASOUND  Was a waiver of consent obtained?  Yes  No  Was a waiver of notification obtained?  Yes  No  Is the patient seeking an abortion as a result of being any of the following?  Address of physician performing termination (number and street, city, state, and zip code)	Was the fetus viab	le or have					Was the f	etus viab	ole or have			• .
condition that required the procedure to avert death or serious impairment to the pregnant woman?  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  N/A  Date last normal menses began  UNKNOWN  B  Post fertilization age of the fetus (in weeks)  NO  How were the gestational age and post fertilization age determined?  ULTRASOUND  Was a waiver of consent obtained?  Yes  NO  Is the patient seeking an abortion as a result of being any of the following?  Abused  Coerced  Harassed  Trafficked  Full name of physician performing termination (number and street, city, state, and zip code)	If the previous quest Was the fetus given	tion was the best			ng questio	ons.	If the previo	us quest tus giver	ion was an	•		• .
Date last normal menses began  UNKNOWN  By Post fertilization age of the fetus (in weeks)  How were the gestational age and post fertilization age determined?  ULTRASOUND  Was a waiver of consent obtained?  Yes  No Was a waiver of notification obtained?  Yes  No Is the patient seeking an abortion as a result of being any of the following?  Abused  Coerced  Harassed  Trafficked  Full name of physician performing termination  KRISTY L NEWTON  Address of physician performing termination (number and street, city, state, and zip code)	condition that requ	ired the					condition	that requ	aired the p			
How were the gestational age and post fertilization age determined?  ULTRASOUND  Was a waiver of consent obtained?		second d	octor present, as requ	ired under IC 16	-34-2-3(a)	0(3)	List the nar	ne of the	e second do	octor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Was a waiver of consent obtained? ☐ Yes ■ No Was a waiver of notification obtained? ☐ Yes ■ No Is the patient seeking an abortion as a result of being any of the following? ☐ Abused ☐ Coerced ☐ Harassed ☐ Trafficked  Full name of physician performing termination  KRISTY L NEWTON  Address of physician performing termination (number and street, city, state, and zip code)	Date last normal me	_			Physicia	an estimat	-	(in week.	s)	Post fe	rtilization age	
Is the patient seeking an abortion as a result of being any of the following?	=	tional age	e and post fertilization	on age determin	ed?							
Full name of physician performing termination  KRISTY L NEWTON  Address of physician performing termination (number and street, city, state, and zip code)												
KRISTY L NEWTON  Address of physician performing termination (number and street, city, state, and zip code)				any of the follo	wing?	∐ Abı	ısed		Coerced		Harassed	☐ Trafficked
		_	rming termination									
		-	-		, city, stat	te, and zip	code)					
**Date Reported to DCS, if Patient under 16 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	Address (PPCSI) (I	MONROE CO.) - 421 SOL	•			town, of pregna	ancy ter	mination	-	County of p		y termination
Patient's age**	Marrie	ed	Date of pregn	ancy term	ination	Educa	tion					
29	_	Yes No		07/19/201	18					ollege, No D	egree	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ■ White	☐ Black		an American	☐ Ur	nknown		7 anic or Latino Hispanic or La		Unknown
Live Births:	N	umber now living	2				Numl	ber now de	eceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations				Numl	ber of indu	iced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	nation. If more th	han six (6)	), those m	ost recent.)						
1	2	l	3			4		5			6	
Fetus delivered aliv		If yes, length of ti	ime fetus surviv	ed:					preexisting the about		ditions of	f the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				İ				
☐ Yes ■	No								_			Termination
								_	Vone Hemorrhag	_		e Perforation al Laceration
Pathological examin	nation	If yes, results:							nfection			ed Products
performed?  Yes	No								Other (Spec	cify)		
								Did this			cy result	in a maternal death?
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy				Additional Pr	rocedur	e that Teri	minated Pi	regnancy		
Medical (Nons									lifepriston			
Medical (Nons Medical (Nons									lisoprostol ther (Spec			
For Medical (Nonsu Check the box indic	cating the		ere completed	estion		For Medical (Check the bo	x indic	ating the	following	items were c	ompleted	
■ The patient sign	ned the pa	tient agreement							tient agree			
☐ Medical (Surgi ☐ Medical (Surgi		tion Curettage estrual Aspiration				☐ Medical ☐ Medical			on Curetta trual Aspi			
Medical (Surgi						Medical	(Surgio	cal) Other	(Specify)	iution		
For Medical (Surgion	cal) proce	edures answer the fo	ollowing question	n		For Medical	(Surgic	al) proced	ures answ	ver the follow	ing auest	
, -		e a post fertilization	• 1							tilization age		
Yes	_		.1_4_ 4b 6_11i-			_	es [			1-4- 4	J C-11	
If the previous ques Was the fetus given		opportunity to survi		ng questio	IIS.	•				y to survive?	ne ionov	ving questions.
	□No	11					Yes [		оррогия	y to survive.		
	aired the	determination that procedure to avert					hat requ	uired the p				nt woman had a ous impairment to
List the name of the	second d	octor present, as requ	iired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second d	loctor pres	ent, as requir	ed under	· IC 16-34-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	ın estimat	e of gestation (	in week	s)	Post fe	rtilization age	e of the fe	etus (in weeks)
		23/2018				6					4	
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
Was a waiver of cons						a waiver of not			d?	Yes	■ No	
Is the patient seeking			g any of the follo	wing'?	☐ Abı	ısed		Coerced		Harassed	☐ Tr	rafficked
Full name of physic  KRISTY L NEWTO	_	rming termination										
Address of physicia		ning termination (nu	ımber and street	t, city, stat	e, and zip	code)						
8590 GEORGETO	WN RD,	, INDIANAPOLIS,	IN 46268									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year): _						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and APLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVENU	UE,	City or t	own, of pregr BLOO	ancy ter			County of p	oregnancy termination MONROE
Patient's age** 27	Marrie	d Yes No	Date of pregnan	ncy termir 7/19/2018		Educ	ation		Some Co	ollege, No D	)egree
	n or Othe		Asian White	☐ Black ■ Other		an American		iknown oer now d	☐ Not I	y anic or Latino Hispanic or L	o atino 🔲 Unknown
Live Births:	N	umber of spontaneou	o us terminations				Numl	per of indu	uced termi	nations	
Other Termination	15.	ot include this termin	0	ın sir (6)	those me	ost recent )				1	
1. UNKNOWN	2		3			4		5			6
Fetus delivered aliv		If yes, length of ti	me fetus survived	1:				-	preexisting preexi	-	ditions of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for termin	nation:				_	None		regnancy Termination Uterine Perforation
Pathological examir performed?		If yes, results:						I	Hemorrhag nfection Other (Spec		Cervical Laceration Retained Products
								Did this			ncy result in a maternal death?
				Туре	of Termin	nation Proced	ures				
Procedure that Term		• •				Additional I					
Medical (Nons)     Medical (Nons)     Medical (Nons)	urgical)	Misoprostol				☐ Medica	l (Nonsu	ırgical) M	difepriston disoprostol other (Spec	l	
Check the box indic  The manufactur  The patient sign  Medical (Surgi	eating the rer's instr ed the pa cal) Suc cal) Mer	tion Curettage	ere completed	tion		Check the b	ox indic nufactur ient sign l (Surgional)	ating the er's instru- ned the pareal) Suctional) Mens	following	items were covided to the period ge ration	_
Was the fetus viab		edures, answer the fo	• .			Was the f	etus viab				ring question. e at least 20 weeks?
	the best	answered yes, compoportunity to surviv	-	g question:	S.	Was the fe	-	n the best	-	es, complete to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	aired the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requi	ired under IC 16-3	34-2-3(a)(3	3)	List the nar	ne of the	e second d	loctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	05/	29/2018			estimate	e of gestation 6	(in week.	s)	Post fe	ertilization ag	e of the fetus (in weeks) 4
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determined	1?							
Was a waiver of cons		1 1 60				a waiver of no				Yes	■ No
Is the patient seeking			any of the follow	ring?	Abu	sed		Coerced		Harassed	☐ Trafficked
Full name of physic  KRISTY L NEWTO	-	rming termination									
Address of physicia 8590 GEORGETO	-	ning termination (nu.		city, state,	, and zip	code)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day, y	vear):							

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Facility Name and APLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVEN	IUE,	City or t	town, of pregr	nancy ter			County of p	oregnancy termination MONROE
Patient's age** 22	Marrie [	d Yes No	Date of pregna	ncy term 7/19/201		Educ	cation		Bach	elor's Degr	ree
Race American Indian Native Hawaiian Live Births:	n or Othe		Asian White	☐ Black		an American			Not I	anic or Latino Hispanic or L	
	N	umber of spontaneou	us terminations				Numl	ber of induce	d termi	nations	
Other Termination	15.	ot include this termin	0	an six (6	) those m	ost recent )				0	
1	2		3			4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				List any procomplicate		-	nditions of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for termi	nation:				( ■ Non	-	cation(s) of P	regnancy Termination Uterine Perforation
Pathological examir	nation	If yes, results:							norrhag	_	Cervical Laceration
performed?		,,							ection er (Spec	∟ cify)	Retained Products
								Did this ter	rminatio		ncy result in a maternal death?
		1		Trmo	of Tarmi	nation Droped	urec				
Procedure that Term	ninated P	regnancy		туре	OI ICIIIII	Additional		e that Termir	nated Pr	regnancy	
Medical (Nons)	urgical)	Mifepristone				☐ Medica	al (Nonsu	ırgical) Mife	epriston	e	
Medical (Nonsi								rgical) Miso rgical) Othe			
For Medical (Nonsu Check the box indicent The manufacturent The patient sign	eating the rer's instr	e following items we ructions provided to	ere completed	stion		Check the l	oox indic inufactur	rgical) proced tating the follower's instruction	lowing ons pro	items were c vided to the	_
☐ Medical (Surgi	cal) Suc	tion Curettage				☐ Medica	al (Surgio	cal) Suction cal) Menstru cal) Other (S	al Aspi		
For Medical (Surgio			• 1								ring question.
	le or hav ☐ No	e a post fertilization	age at least 20 w	eeks?				ole or have a	post fer	tilization age	at least 20 weeks?
If the previous ques	tion was the best	answered yes, comp opportunity to surviv		g questio	ns.	Was the fe	-	n the best opp	-	-	the following questions.
	ired the	determination that procedure to avert of					that requ	uired the pro			e pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	34-2-3(a)	(3)	List the na	me of the	e second doc	tor pres	ent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>04/2018</b>		Physicia	ın estimat	e of gestation 6	(in week	es)	Post fe	rtilization ag	e of the fetus (in weeks) 4
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	d?				<b>,</b>			
Was a waiver of cons					Was	a waiver of n				Yes	■ No
Is the patient seeking			any of the follow	wing?	☐ Abı	ised		Coerced		Harassed	Trafficked
Full name of physic  KRISTY L NEWTO	-	rming termination									
Address of physicia 8590 GEORGETO	n perforn	-		city, stat	e, and zip	code)					
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (N	MONROE CO.) - 421 SOL	ITH COLLEGE AVE	NUE,	City or	town, of pregna				County of p		y termination	
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion						
38	[	Yes No	(	07/19/201	18					ciate Degre	ee		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		ıknown	■ Not I	/ anic or Latino Hispanic or La		☐ Unkno	wn
Live Births:	N	umber now living	1				Numl	ber now de	eceased	0			
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numl	ber of indu	iced termi	nations 0			
Dates of termination	ns (Do no	t include this termir	nation. If more th	han six (6,	), those m	ost recent.)	ı						
Fetus delivered alive	2 e?	If yes, length of the	me fetus surviv	ed·		4		List anv	preexistin	g medical con	ditions o	f the patient that	at mav
☐ Yes ■		in yes, rengan or a		· ·					ate the abo			T	,
Fetus viable?		If viable, medical	reason for term	ination:				Ī ——	Compli	pation(s) of D	ragnanay	Termination	
☐ Yes ■	No							I N	lone			Perforation	
									lemorrhag	_		al Laceration	
Pathological examin performed?	nation	If yes, results:						_	nfection		Retaine	ed Products	
☐ Yes ■	No								ther (Spec	cify)			
								Did this Yes			icy result	in a maternal	death?
				Туре	of Termi	nation Procedu	res						
Procedure that Term	ninated P	regnancy		•		Additional Pr	rocedur	e that Terr	ninated Pi	regnancy			
Medical (Nonsi								ırgical) M					
Medical (Nonsi								ırgical) M ırgical) O					
For Medical (Nonsu	- 1		0 1	estion		For Medical (							
Check the box indice.  The manufacture.	-	_	-			Check the bo		_	_		_	d	
The patient sign			the patient					ned the pat	_	-			
☐ Medical (Surgion Med						☐ Medical							
Medical (Surgio		strual Aspiration er (Specify)				Medical	(Surgic	cal) Mens cal) Other	(Specify)	ration			
For Medical (Surgic	al) proce	dures, answer the fo	ollowing questio	on.		For Medical	(Surgic	al) proced	ures, answ	er the follow	ing ques	tion.	
Was the fetus viab	le or have	e a post fertilization				Was the fe	tus viab	ole or have		tilization age			
☐ Yes ☐ If the previous quest		answered ves comr	lete the following	ng questio	ns	_	es [	_	nswered v	es complete t	the folloy	wing questions	i.
Was the fetus given	the best			ng questro		•	-		•	y to survive?		wing questions	··
□Yes [	No						Yes [	No					
What was the ba condition that requ the pregnant woman	ired the						hat requ	uired the p				nt woman ha ous impairme	
List the name of the	second de	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second d	octor pres	sent, as requir	red under	r IC 16-34-2-3	B(a)(3)
Date last normal me	_	an <b>27/2018</b>		Physicia	n estimat	e of gestation (	in week	s)	Post fe	rtilization age	e of the f	etus (in weeks	)
How were the gestar			on age determin	ed?		8					•		
ULTRASOUND													
Was a waiver of cons						a waiver of not			d?	Yes	■ No		
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Tı	rafficked	
Full name of physic  KRISTY L NEWTO	_	rming termination											
Address of physicia	-	=		t, city, stat	e, and zip	code)							
8590 GEORGETO	TVIN KD,	INDIANAPOLIS,	114 70200										
**Date Reported	to DCC	if Patient under	16 (month da	vearl.									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	Address D (PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or t	town, of pregna	•			County of p	pregnancy termination  MONROE
Patient's age**	Marrie	d	Date of pregn	ancy termi	ination	Educa	tion				
27		☐ Yes ■ No	(	07/19/201	8					ollege, No D	Degree
Race American India Native Hawaiia	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Black		an American	_	known	■ Not I	nnic or Latino Hispanic or L	
Live Births:	N	umber now living	2					er now d		0	
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	er of ind	uced termi	nations 4	
Dates of termination 1. 08/18/2017		ot include this termin 03/11/2017	ation. If more th			ost recent.) <sub>4.</sub> 12/16/2014		5			6
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					preexisting preexi	_	nditions of the patient that may
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for term	ination:					Complic		regnancy Termination  Uterine Perforation
Pathological examin performed?	nation No	If yes, results:						_ I	Hemorrhag Infection Other (Spec	e 🗆	Cervical Laceration Retained Products
								Did thi			ncy result in a maternal death?
				Туре	nation Procedur	res_					
Procedure that Tern	ninated P	regnancy			Additional Pr	ocedure	e that Ter	minated Pr	regnancy		
☐ Medical (Nonsurgical)       Mifepristone         ☐ Medical (Nonsurgical)       Misoprostol         ☐ Medical (Nonsurgical)       Misoprostol         ☐ Medical (Nonsurgical)       Misoprostol         ☐ Medical (Nonsurgical)       Other (Specify)											
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)										completed	
Was the fetus viab ☐ Yes If the previous ques Was the fetus giver	ole or have  No stion was	dures, answer the fo e a post fertilization answered yes, comp opportunity to surviv	age at least 20 v	weeks?	ns.	☐ Y If the previou Was the fett	tus viab es [ s questi	le or hav No ion was a	e a post fer	tilization age	e at least 20 weeks? the following questions.
What was the ba	nsis for a	determination that procedure to avert of				What was	the ba	isis for nired the			e pregnant woman had a th or serious impairment to
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second o	doctor pres	ent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	05/	24/2018			n estimate	e of gestation (i	n weeks	s)	Post fe	rtilization ag	e of the fetus (in weeks)  6
How were the gesta ULTRASOUND	tional age	e and post fertilization	on age determin	ed?							
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	ed?	Yes	No
Is the patient seeking			any of the follo	owing?	☐ Abu	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic	ON	_									
Address of physicia 8590 GEORGETO	-	ning termination (nu.		t, city, state	e, and zip	code)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/20/2018

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	O (PPCSI) (I	MONROE CO.) - 421 SOL	ITH COLLEGE AVE	NUE,	City or t	town, of pregna	•			County of		ey termination
Patient's age**	Marrie		Date of pregn	ancy term	ination	Educa	tion					
29		Yes No		07/19/201	18					ollege, No I	Degree	
_	n or Othe	ka Native r Pacific Islander umber now living	Asian White	☐ Black		an American		ıknown ber now d	■ Not I	anic or Latin Hispanic or L		Unknown
Live Births:	N	umber of spontaneo	4						uced termi	nations		
Other Termination	115.	•	1	1 : (6)	\ .1		ivaiii	oci oi iiid	ucca termi	0		
Dates of termination  1. UNKNOWN	2	·	3		), tnose m	4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					preexisting preexi		nditions o	of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:					Compli	ration(s) of D	ragnanc	y Termination
Pathological examin performed?	nation	If yes, results:						_ I	None Hemorrhag nfection Other (Spec	e	Uterin Cervio	ne Perforation cal Laceration ned Products
								Did this			ncy resu	It in a maternal death?
		I		Tyma	of Tarmi	nation Procedu	rec		, <u>LI</u>	~		
Procedure that Term	ninated P	regnancv		1 ype	or reimi	Additional Procedure		e that Ter	minated P	regnancv		
Medical (Nons Medical (Nons Medical (Nons	urgical) urgical)	Mifepristone Misoprostol		☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) M rgical) M	Mifepriston Misoprosto Other (Spec	e I				
For Medical (Nonsu Check the box indicent of the manufacturent of the ma	rer's instrued the partical) Succession Mer	following items we uctions provided to tient agreement tion Curettage astrual Aspiration	ere completed	estion		☐ The patie	ox indicurate ufacturent sign (Surgicus)	ating the er's instru- ned the pa eal) Sucti- eal) Mens	following actions pro tient agree	items were ovided to the ment	complete	
☐ Yes  If the previous ques  Was the fetus given	le or have No tion was	e a post fertilization	age at least 20	weeks?	ns.	If the previous Was the fet	tus viab es [ s quest	le or have No ion was a	e a post fer	tilization age	e at least	
	aired the	determination that procedure to avert					nat requ	ired the				ant woman had a rious impairment to
List the name of the <b>N/A</b>	second de	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second o		_		er IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>25/2018</b>		Physicia	ın estimat	e of gestation (i	n week.	s)	Post fe	rtilization ag	e of the <b>5</b>	fetus (in weeks)
How were the gesta	tional age	e and post fertilization	on age determin	ed?								
Was a waiver of cons						a waiver of not			d?	Yes	■ N	
Is the patient seeking Full name of physic			g any of the follo	owing?	☐ Abu	ised		Coerced	L	Harassed		Trafficked
KRISTY L NEWTO	NC	_	b on 1 ·	4		aada)						
Address of physicia 8590 GEORGETO	-	=		ı, city, stat	e, ana zip	coae)						
**Date Reported	to DCS	, if Patient under	16 (month, day	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and APLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or t	town, of preg	nancy ter			County of p	oregnancy termination MONROE
Patient's age** 19	Marrie	d Yes No	Date of pregn	ancy term 07/19/20		Edu	eation	5	Some Co	ollege, No D	)egree
	n or Othe		Asian White	☐ Blac		an American		nknown ber now de	■ Not I	nnic or Latino Hispanic or L	
Live Births:	N	umber of spontaneou	0 us terminations				Numl	ber of indu	ced termi	0 nations	
Other Termination	15.		0		\ .1		rvann	oci oi iliau		0	
Dates of termination	1S ( <i>Do no</i> 2	ot include this termin	ation. If more ti 3.	nan six (0	), those m	ost recent.) <sub>4.</sub>		5.			6.
Fetus delivered alive		If yes, length of ti		ed:					preexistin te the abo	-	nditions of the patient that may
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for term	ination:					one		regnancy Termination Uterine Perforation
Pathological examir performed?		If yes, results:						☐ In	emorrhag fection ther (Spec		Cervical Laceration Retained Products
								Did this	terminatio		ncy result in a maternal death?
				Туре	of Termi	nation Proced	ures				
Procedure that Term	ninated P	regnancy				Additional		e that Term	ninated Pi	regnancy	
Medical (Nonsi	urgical)	Misoprostol				☐ Medic	al (Nonsu	orgical) Mingical) Mingical) Ot	isoprosto!	[	
The manufactur The patient sign Medical (Surgi	eating the rer's instr ed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage astrual Aspiration	ere completed	estion		Check the The ma	oox indicumufactur tient sign al (Surgional (Surgional)	ating the fo	ollowing etions pro ent agree n Curetta rual Aspi	items were c vided to the p ment ge	_
		edures, answer the fo				Was the	etus viab				ring question.
	the best	answered yes, comp opportunity to surviv		ng questio	ons.	Was the f	-	n the best o	-	es, complete ty to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	uired the p			e pregnant woman had a h or serious impairment to
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	(3)	List the na	me of the	e second do	octor pres	ent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an 10/2018		Physicia	an estimat	e of gestation	(in week	s)	Post fe	rtilization ag	e of the fetus (in weeks) 7
How were the gesta	tional ag	e and post fertilization	on age determin	ed?		-					
Was a waiver of cons						a waiver of n				Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abu	ised		Coerced		Harassed	☐ Trafficked
Full name of physic  KRISTY L NEWTO	-	rming termination									
Address of physicia 8590 GEORGETO	-	-		, city, stat	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):							

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Facility Name and APLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or t	town, of preg	nancy ter			County of p	oregnancy termination MONROE
Patient's age** 33	Marrie	d ☐ Yes ■ No	Date of pregna	ancy term 07/19/20		Edu	cation		Some Co	ollege, No D	Degree
	n or Othe		Asian White	☐ Blac		an American	Uı Uı	nknown ber now d	■ Not I	y anic or Latino Hispanic or La	
Live Births:	N	umber of spontaneou	3 s terminations						uced termi	nations	
Other Termination	15.	nt include this termin	1		\ 4l- 000 at	204 422244 )	rvain	oci oi ilia		0	
UNKNOWN	1S ( <i>Do no</i>	·	3	ian six (0 <sub>.</sub>	), inose m	4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				-	y preexistin cate the abo	-	ditions of the patient that may
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for termi	ination:					None		regnancy Termination Uterine Perforation
Pathological examir performed?		If yes, results:						_ I	Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products
								Did this			ncy result in a maternal death?
				Туре	of Termi	nation Procee	dures				
Procedure that Term						Additional					
Medical (Nons)     Medical (Nons)     Medical (Nons)	urgical)	Misoprostol				☐ Medic	al (Nonsı	ırgical) N	Mifepriston Misoprostol Other (Spec	l	
The patient sign  Medical (Surgi	eating the rer's instr ed the pa cal) Suc cal) Mer	e following items we uctions provided to tient agreement tion Curettage astrual Aspiration	ere completed	stion		Check the  The m The pa Medic Medic	box indicanufacturatient signal (Surgional (Surgiona) (Surgional (Surgiona) (Surgiona) (Surgiona) (Surgiona) (Surgiona) (Surgiona) (Surgiona) (Surgional (Surgiona) (Surgional (Surgiona) (Surgiona) (Surgiona) (Surgiona) (Surgiona) (Surgional (Surgiona) (	cating the rer's instru- ned the pa- cal) Sucti- cal) Mens	following	items were covided to the perment age ration	_
☐ Yes	le or hav	e a post fertilization	age at least 20 v	veeks?		Was the	fetus vial   Yes	ole or hav	e a post fer		at least 20 weeks?
	the best	answered yes, comp opportunity to survi		ng questio	ons.	Was the f	-	n the best	-	es, complete t ty to survive?	the following questions.
	ired the	determination that procedure to avert of					that req	uired the			e pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the na	me of the	e second o	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	06/	30/2018			an estimat	e of gestation	ı (in week	es)	Post fe	ertilization age	e of the fetus (in weeks)  5
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?							
Was a waiver of cons						a waiver of r				☐ Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic  KRISTY L NEWTO	-	rming termination									
Address of physicia 8590 GEORGETO	-	-		, city, stat	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	6 (month, dav.	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address 07 WEST 1	6TH STREET SUITE B2,	INDIANAPOLIS, IN 4	16222	City or	town, of pregna	•			County of p		y termination	
Patient's age**	Marrie	d	Date of pregna	ancy term	ination	Educa	tion						
16		Yes No	0	7/19/20	18					th, No Diplo	oma		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American	☐ Ur	nknown		7 anic or Latino Hispanic or L		Unkno	own
Live Births:	N	umber now living	0				Numl	ber now de	ceased	0			
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numl	ber of indu	ced termi	nations 0			
Dates of termination	ns (Do no	t include this termin	ation. If more th	an six (6	), those m	ost recent.)	1						
Fetus delivered alive	2	If yes, length of ti	3	.d.		4		5	pragyictin	a medical con	6	f the patient th	at may
Yes Yes		ii yes, iengiii oi ti	me ietus sui vive	cu.					ate the abo		iditions 0	t the patient th	iai may
Fetus viable?		If viable, medical	reason for termi	nation:					Compli	pation(s) of D		Tarmination	
☐ Yes ■	No							■ N	one			Termination e Perforation	
								_	emorrhag	_		al Laceration	
Pathological examin performed?	nation	If yes, results:							fection		Retain	ed Products	
■ Yes □	No	SAC & CHORIO	NIC VILLI						ther (Spec	cify)			
								Did this ☐ Yes			ncy result	t in a materna	l death?
				Type	of Termi	nation Procedu	res	•					
Procedure that Term	ninated P	regnancy		- 1100	1011111	Additional P		e that Term	ninated Pi	regnancy			
☐ Medical (Nonsi	urgical)	Mifepristone				☐ Medical	(Nonsu	ırgical) M	ifepriston	e			
☐ Medical (Nonsi								argical) Margical) Ot					
For Medical (Nonsu				stion		For Medical							
Check the box indic	-	=	-			Check the bo		•	_	items were c	-	i	
☐ The patient sign								ned the pati	_				
■ Medical (Surgion Med		tion Curettage estrual Aspiration				☐ Medical		cal) Suction Cal) Menst					
Medical (Surgio						Medical	(Surgio	cal) Other	(Specify)	iution			
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question	1.		For Medical	(Surgic	al) procedu	ıres, answ	er the follow	ing ques	tion.	
	le or have	e a post fertilization	age at least 20 w	eeks?			tus viat Yes [		a post fer	tilization age	at least	20 weeks?	
Yes If the previous quest		answered yes, comp	lete the followin	g questio	ons.		_		swered y	es, complete	the follow	wing question	s.
	the best No	opportunity to survi	ve?				us givei Yes [		pportunit	y to survive?			
	_	datarmination that	the present v	vomon l	and a	_		_					
	ired the	determination that procedure to avert of					hat requ	uired the p				nt woman h ous impairme	
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	0(3)	List the nam	e of the	e second do	octor pres	sent, as requir	red under	r IC 16-34-2-	3(a)(3)
Date last normal me	_			Physicia	an estimat	e of gestation (	in week	s)	Post fe	rtilization ag		etus (in week.	s)
How were the gestar		25/2018 e and post fertilization	on age determine	ed?		7			1		5		
SONOGRAM													
Was a waiver of cons						a waiver of no			1?	Yes	■ No		
Is the patient seeking			g any of the follow	wing!	☐ Abı	usea	⊔ (	Coerced		Harassed	T	rafficked	
Full name of physic <b>KATHLEEN GLO</b>	_	mmg termination											
Address of physicia	-	-		city, stat	te, and zip	code)							
3607 WEST 16TH	SIKEE	i , INDIANAPOLIS	o, IIN 40222										
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (	MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or t	own, of pregr	nancy teri			County of p	oregnancy termination  MONROE
Patient's age** 21	Marrie [	ed ☐ Yes ■ No	Date of pregn	ancy term 07/05/201		Educ	ation		Some Co	ollege, No D	Degree
Race American Indian Native Hawaiian	or Othe		Asian White	☐ Black		an American		known oer now d	Not 1	y anic or Latino Hispanic or L	
Live Births:			0						uced termi	0	
Other Termination	15.	umber of spontaneou	0				Nullic	oei oi iiiu	uced terrin	0	
Dates of termination	is ( <i>Do no</i>	ot include this termin	ation. If more t	han six (6)	), those mo	ost recent.)		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:		*			y preexisting cate the abo	-	nditions of the patient that may
Fetus viable?	No	If viable, medical	reason for term	ination:					_	cation(s) of P	regnancy Termination Uterine Perforation
Pathological examin performed?		If yes, results:						_ I	Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products
								Did this			ncy result in a maternal death?
				Туре	of Termin	nation Proced	ures				
Procedure that Term	ninated P	regnancy				Additional	Procedure	e that Ter	minated P	regnancy	
Medical (Nonst	urgical)	Misoprostol				☐ Medica	ıl (Nonsu	rgical) N	Mifepriston Misoprosto Other (Spec	l	
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)         For Medical (Nonsurgical) procedures, answer the following question       For Medical (Nonsurgical) procedures, an Check the box indicating the following items were completed         ☐ The manufacturer's instructions provided to the patient       ☐ The manufacturer's instructions provided to the patient agreement         ☐ Medical (Surgical) Suction Curettage       ☐ Medical (Surgical) Suction Curettage         ☐ Medical (Surgical) Menstrual Aspiration       ☐ Medical (Surgical) Menstrual Aspiration         ☐ Medical (Surgical) Other (Specify)       ☐ Medical (Surgical) Other (Specify)											ompleted
		edures, answer the fo				Was the	etus viab				ring question.
If the previous quest Was the fetus given	tion was	answered yes, comp opportunity to surviv		ng questio	ns.	If the previo	ous questi	ion was a the best	•	es, complete ty to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	ired the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the na	ne of the	second o	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	05/	12/2018		-	n estimate	e of gestation <b>7</b>	(in weeks	s)	Post fe	ertilization ag	e of the fetus (in weeks)  5
How were the gestar	tional ag	e and post fertilization	on age determin	ed?							
Was a waiver of cons						a waiver of n				☐ Yes	■ No
Is the patient seeking			any of the follo	wing'?	Abu	sed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CAROL DELL	_	rming termination									
Address of physicia	-	-		t, city, stat	e, and zip	code)					
200 S. MERIDIAN	ST, IND	NANAPOLIS, IN 40	0225								
**Date Reported	to DCS	, if Patient under	16 (month, day	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and APLANNED PARENTHOOD BLOOMINGTON, IN, 4740						town, of preg	nancy ter			County of p	oregnancy termination MONROE
Patient's age** 22	Marrie	d Yes No	Date of pregna	ncy term 7/05/201		Edu	cation		Bach	elor's Degr	ree
Race American Indian Native Hawaiian Live Births:	n or Othe		Asian White	☐ Black		an American	☐ Ur	nknown ber now de	■ Not I	/ anic or Latino Hispanic or La	
	N	umber of spontaneou	us terminations				Numl	ber of indu	ced termi	nations	
Other Termination  Dates of termination	15.		0	an sir (6)	those m	ost recent )				0	
1.	2	·	3	an six (0)		4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					preexisting the about	-	ditions of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for termi	nation:				■ No	Complic	cation(s) of Pr	regnancy Termination Uterine Perforation
Pathological examir performed?		If yes, results:						☐ In	emorrhag fection ther (Spec		Cervical Laceration Retained Products
								Did this	terminatio		ncy result in a maternal death?
				Туре	of Termi	nation Proce	dures				
Procedure that Term					_	Additional				•	
Medical (Nonsi	urgical)	Misoprostol				☐ Medic	al (Nonsu	argical) Mi argical) Mi argical) Ot	isoprostol	[	
For Medical (Nonsu Check the box indice The manufacture The patient sign Medical (Surgi Medical (Surgi Medical (Surgi		Check the  The m  The pa  Medic  Medic	box indicanufacturation signal (Surgical (Surgical (Surgical )	cating the fo	ollowing etions pro ient agree on Curetta rual Aspi	items were c vided to the p ment ge	_				
		dures, answer the fo	• 1			Was the	fetus viał				ring question. e at least 20 weeks?
If the previous ques Was the fetus given  ☐ Yes	the best	answered yes, comp opportunity to survi		g question	ns.	Was the	-	n the best o	-	es, complete t y to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	uired the p			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	34-2-3(a)	(3)	List the na	ame of the	e second do	octor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	05/	16/2018			n estimat	e of gestation 6	ı (in week	es)	Post fe	rtilization age	e of the fetus (in weeks) 4
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?							
Was a waiver of cons					Was	a waiver of 1			1?	Yes	■ No
Is the patient seeking			any of the follow	wing?	☐ Abu	ised		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CAROL DELL	-	rming termination									
Address of physicia 200 S. MERIDIAN	n perforn	-		city, stat	e, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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PLANNEĎ PARENTHOOD	Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					town, of preg	nancy ter			County of p	oregnancy termination  MONROE
Patient's age** 26	Marrie	d Yes No	Date of pregna	ncy term 7/05/201		Edu	cation		Asso	ociate Degr	ee
	n or Othe		Asian White	☐ Blac		an American	☐ Ur		Not I	/ anic or Latino Hispanic or L	
Live Births:	N	umber of spontaneou	1 s terminations					ber of induc		nations	
Other Termination	15.		0		) 41		rvain	oci oi induc		1	
Dates of termination 1. 2015	1S ( <i>Do no</i> 2	t include this termin	ation. If more th	an six (0)	), those m	ost recent.) 4.		5.			6.
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					preexistin te the abo	-	nditions of the patient that may
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for termi	nation:					one		regnancy Termination  Uterine Perforation
Pathological examir performed?		If yes, results:						☐ In:	emorrhag fection ther (Spec		Cervical Laceration Retained Products
								Did this t	terminatio		ncy result in a maternal death?
				Туре	of Termi	nation Procee	dures				
Procedure that Term								e that Term		•	
Medical (Nonsi	urgical)	Misoprostol				☐ Medic	al (Nonsu	urgical) Mi urgical) Mi urgical) Oth	soprostol	[	
For Medical (Nonsu Check the box indice The manufacture The patient sign Medical (Surgier M		Check the  The m  The pa  Medic  Medic	box indicanufacturation signal (Surgical (Surgical (Surgical )	cating the fo	ollowing tions pro ent agree n Curetta rual Aspi	items were c vided to the j ment ge	=				
		dures, answer the fo				Was the	fetus viał				ring question.
If the previous ques  Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		g questio	ns.	Was the f	-	n the best o	-	es, complete to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	uired the pr			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	34-2-3(a)	(3)	List the na	ame of the	e second do	octor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	05/	03/2018			nn estimat	e of gestation 9	ı (in week	es)	Post fe	rtilization ag	e of the fetus (in weeks) 7
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?							
Was a waiver of cons					Was	a waiver of r			?	Yes	■ No
Is the patient seeking			any of the follow	wing?	☐ Abu	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CAROL DELL	-	rming termination									
Address of physicia 200 S. MERIDIAN	n perforn	-		city, stat	e, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	Address O (PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or t	own, of pregna	•			County of p	oregnancy MONI	termination
Patient's age**	Marrie		Date of pregn	•		Educa	tion					
Race	L	Yes ■ No	(	07/05/201	8				Bach Ethnicity	elor's Degr	ee	
American India	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black ☐ Other		an American	_	known	Hispa	anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	0				Numb	er now c	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of ind	uced termi	nations 1		
Dates of termination		t include this termin						5			6	
Fetus delivered aliv	e?	If yes, length of ti							y preexistin cate the abo	-	nditions of t	the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Complic	cation(s) of P		Fermination Perforation
Pathological examin performed?	nation No	If yes, results:							Hemorrhag Infection Other (Spec	e 🗆	Cervical	Laceration  I Products
								Did thi ☐ Ye			ncy result i	n a maternal death?
				Туре	of Termii	nation Procedu	res					
Procedure that Tern	ninated P	regnancy				Additional Pr	ocedure	that Ter	minated Pr	regnancy		
☐ Medical (Nons ☐ Medical (Nons ☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) N	Mifepriston Misoprostol Other (Spec	[		
For Medical (Nonsu Check the box indice The manufacture The patient sign Medical (Surgi Medical (Surgi Medical (Surgi		☐ The patie	x indica ufacture ent sign (Surgic (Surgic	ating the er's instrued the parally Suctionally Men	following	items were c vided to the ment ge	ompleted	stion				
Was the fetus viab ☐ Yes If the previous ques Was the fetus giver	le or have No tion was	dures, answer the fo e a post fertilization answered yes, comp	age at least 20 v	weeks?	ns.	☐ Y If the previou Was the fett	tus viab es [ s questi	le or hav No on was a the best	e a post fer	tilization age	at least 20 the followi	) weeks?
What was the ba	usis for a	determination that procedure to avert of				What was	the ba	sis for ired the				t woman had a us impairment to
List the name of the <b>N/A</b>	second de	octor present, as requi	ired under IC 16	5-34-2-3(a)(	3)	List the nam	e of the	second	doctor pres	sent, as requi	red under l	IC 16-34-2-3(a)(3)
Date last normal me	-	an <b>22/2018</b>		Physician	n estimate	e of gestation (i	n weeks	:)	Post fe	rtilization ag	e of the fet  5	tus (in weeks)
How were the gesta ULTRASOUND	tional age	e and post fertilization	on age determin	ed?								
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No	
Is the patient seeking			any of the follo	wing?	☐ Abu	ised	□ C	oerced		Harassed	☐ Tra	fficked
Full name of physic DR. CAROL DELL	INGER											
Address of physicia 200 S. MERIDIAN	-	ning termination (nu.		t, city, state	e, and zip	code)						
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Facility Name and Add PLANNED PARENTHOOD (PF BLOOMINGTON, IN, 47403						town, of preg	nancy ter			County of p	oregnancy termination MONROE
Patient's age** 22	Married	d Yes No	Date of pregn	ancy term 07/05/20		Edu	cation	н	ligh Scho	ol Diploma	or GED
Race American Indian or Native Hawaiian or	r Other		Asian White	☐ Blac		an American	Uı Uı	ıknown ber now d	■ Not I	/ anic or Latino Hispanic or L	
Live Births:		imber of spontaneou	1						uced termi	0 nations	
Other Terminations:			0		·		INUITI	oci oi iliu	ucca termi	0	
Dates of terminations (	Do noi 2.	t include this termin	ation. If more th	ıan sıx (0	), those m	ost recent.) <sub>4.</sub>		5.			6.
Fetus delivered alive?  Yes No	<u> </u>	If yes, length of ti		ed:					y preexistin	-	nditions of the patient that may
Fetus viable?  ☐ Yes ■ No	1	If viable, medical	reason for term	ination:				_	None		regnancy Termination Uterine Perforation
Pathological examination performed?  Yes No		If yes, results:							Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products
								Did thi ☐ Ye			ncy result in a maternal death?
	_			Туре	of Termi	nation Proce	dures				
Procedure that Termina						Additional				•	
Medical (Nonsurgi Medical (Nonsurgi Medical (Nonsurgi	ical) N	Misoprostol				☐ Medic	al (Nonsı	ırgical) N	Mifepriston Misoprostol Other (Spec	[	
For Medical (Nonsurgion Check the box indicating The manufacturer's The patient signed to Medical (Surgical) Medical (Surgical) Medical (Surgical)		Check the  The m The particular Medical Medical	box indicanufacturatient signatient signatient signatient (Surgio eal (Surgio	eating the rer's instru- ned the pa- cal) Suctional	following	items were c vided to the p ment ge	-				
For Medical (Surgical)  Was the fetus viable o	or have No	a post fertilization	age at least 20 v	weeks?		Was the	fetus vial Yes [	ole or hav	e a post fer	tilization age	ring question. e at least 20 weeks?
If the previous question Was the fetus given the  ☐ Yes ☐ N	e best			ng questic	ons.	Was the	-	n the best	-	es, complete t y to survive?	the following questions.
What was the basis condition that require the pregnant woman?						condition		uired the			e pregnant woman had a th or serious impairment to
List the name of the sec	cond do	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the na	ame of the	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal mense	05/1	12/2018		,	an estimat	e of gestation  6	ı (in week	s)	Post fe	rtilization age	e of the fetus (in weeks) 4
How were the gestation	nal age	and post fertilization	on age determin	ed?							
Was a waiver of consent						a waiver of				Yes	■ No
Is the patient seeking an			g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physician DR. CAROL DELLING	-	ming termination									
Address of physician po		-		, city, sta	te, and zip	code)					
**Date Reported to	*Date Reported to DCS, if Patient under 16 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and APLANNED PARENTHOOD BLOOMINGTON, IN, 4740						town, of pregr	ancy ter			County of p	oregnancy termination MONROE
Patient's age** 23	Marrie	d Yes No	Date of pregn	ancy term 07/05/20		Educ	ation	н	ligh Scho	ol Diploma	or GED
_	n or Othe		Asian White	☐ Blac		an American		ıknown ber now d	■ Not I	/ anic or Latino Hispanic or La	
Live Births:	N	umber of spontaneou	2 is terminations				Numl	per of ind	uced termi	nations	
Other Termination	15.	t include this termin	0	han siv (6	) those m	ost recent )				0	
1	2	·	3	un six (0	), inose m	4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				-	y preexistin	-	nditions of the patient that may
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for term	ination:				=	None		regnancy Termination Uterine Perforation
Pathological examir performed?		If yes, results:						_ ı	Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products
								Did thi			ncy result in a maternal death?
				Туре	of Termi	nation Proced	ures				
Procedure that Term	ninated P	regnancy				Additional l	Procedure	e that Ter	minated Pi	regnancy	
Medical (Nonsi	urgical)	Misoprostol				☐ Medica	l (Nonsu	rgical) N	Mifepriston Misoprostol Other (Spec	[	
For Medical (Nonsu Check the box indicent of the manufacturent of the Medical (Surgional Medical Medical (Surgional Medical Med		Check the b	ox indic nufactur ient sign l (Surgional)	ating the er's instrumed the partial) Suctional Men	following	items were c vided to the p ment ge	=				
		dures, answer the fo				Was the f	etus viab				ving question.
	the best	answered yes, comp opportunity to survi		ng questio	ons.	Was the fe	•	the best		es, complete t y to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	ired the			e pregnant woman had a th or serious impairment to
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nar	ne of the	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an 10/2018		Physicia	an estimat	e of gestation 8	(in week.	s)	Post fe	rtilization age	e of the fetus (in weeks)  6
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?							
Was a waiver of cons						a waiver of no				Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CAROL DELL	-	rming termination									
Address of physicia 200 S. MERIDIAN	-	-		, city, stai	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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PLANNEĎ PARENTHOOD	Facility Name and Address *LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, *BLOOMINGTON, IN, 47403				City or t	town, of pre	gnancy ter			County of p	pregnancy termination  MONROE
Patient's age** 18	Marrie	d Yes No	Date of pregna	ncy termi 7/05/201		Ed	ucation		Some Co	ollege, No D	Degree
Race American Indian Native Hawaiian Live Births:	n or Othe		Asian White	☐ Black		an America	Uı	nknown ber now de	■ Not I	y anic or Latino Hispanic or L	
	N	umber of spontaneou	0 us terminations				Num	ber of indu	iced termi	nations	
Other Termination  Dates of termination	15.		0	an six (6)	thosom	ost recent l				0	
1	2		3	un six (0)		4		5			6
Fetus delivered aliv		If yes, length of ti	me fetus survive	d:				-	preexistin ate the abo	-	nditions of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for termin	nation:					lone		regnancy Termination Uterine Perforation
Pathological examin performed?		If yes, results:						_ h	Iemorrhag nfection Other (Spec		Cervical Laceration  Retained Products
								Did this			ncy result in a maternal death?
				Туре	of Termin	nation Proce	edures				
Procedure that Term	ninated P	regnancy				Additiona		re that Terr	minated P	regnancy	
Medical (Nons Medical (Nons Medical (Nons	urgical)	Misoprostol				☐ Medi	cal (Nonsı	urgical) M urgical) M urgical) O	lisoprosto	l	
For Medical (Nonsu Check the box indices of the manufacture)  The manufacture of the manu		Check the	e box indic nanufactur patient sig- cal (Surgio cal (Surgio	cating the	following ctions pro tient agree on Curetta trual Aspi	items were covided to the ement age ration	_				
		edures, answer the fo	• .			Was the	e fetus vial				ving question. e at least 20 weeks?
If the previous ques Was the fetus giver  ☐ Yes	the best	answered yes, comp opportunity to survi		g question	ns.	Was the	•	n the best		es, complete ty to survive?	the following questions.
	ired the	determination that procedure to avert of				conditio		uired the p			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	34-2-3(a)(	(3)	List the n	ame of the	e second d	octor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	05/	17/2018		-	n estimate	e of gestatio	n (in week	ks)	Post fe	ertilization ag	ge of the fetus (in weeks)  5
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	d?							
Was a waiver of cons					Was	a waiver of	notificatio	on obtaine	d?	☐ Yes	■ No
Is the patient seeking	an aborti	on as a result of being	g any of the follow	ving?	Abu	ised		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CAROL DELL	_	rming termination									
Address of physicia		ning termination (nu	mber and street,	city, state	e, and zip	code)					
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 4	6225								
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and APLANNED PARENTHOOD BLOOMINGTON, IN, 4740						town, of pres	gnancy ter OMINGT			County of p	oregnancy termination MONROE
Patient's age** 27	Marrie	d ☐ Yes ■ No	Date of pregna	ncy term 7/05/201		Edu	acation		Bach	elor's Degr	ee
_	n or Othe		Asian White	☐ Black		an Americar	Uı	nknown ber now de	■ Not I	anic or Latino Hispanic or L	
Live Births:	N	umber of spontaneou	0 s terminations				Num	ber of indu	ced termi	nations	
Other Termination  Dates of termination	15.		0	an six (6)	those m	ost recent )	1,411			0	
1	2	·	3	un six (0)	, inose mo	4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				-	preexisting ate the abo	-	ditions of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for termi	nation:				■ N	Complic	cation(s) of P	regnancy Termination Uterine Perforation
Pathological examir performed?		If yes, results:						☐ In	emorrhag fection ther (Spec		Cervical Laceration Retained Products
								Did this ☐ Yes	terminatio		ncy result in a maternal death?
				Туре	of Termi	nation Proce	dures				
Procedure that Term					_			e that Tern		•	
Medical (Nonsi	urgical)	Misoprostol				☐ Medi	cal (Nonsi	urgical) M urgical) M urgical) O	isoprostol	[	
For Medical (Nonsu Check the box indice The manufacture The patient sign Medical (Surgi Medical (Surgi Medical (Surgi		Check the The m The p Medic	box indicated annufacture atient signal (Surgical (Surgica) (Surgica) (Surgica) (Surgica) (Surgica) (Surgica) (Surgi	cating the f	Collowing etions pro ient agree on Curetta trual Aspi	items were c vided to the p ment ge	_				
		dures, answer the fo				Was the	fetus vial				ring question. e at least 20 weeks?
If the previous ques  Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		g question	ns.	Was the	-	n the best o	-	es, complete to y to survive?	the following questions.
	ired the	determination that procedure to avert of				condition		uired the p			e pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the n	ame of the	e second d	octor pres	ent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	04/	28/2018			n estimat	e of gestation	n (in week	cs)	Post fe	rtilization ag	e of the fetus (in weeks) 7
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?							
Was a waiver of cons					Was	a waiver of			1?	Yes	■ No
Is the patient seeking			any of the follow	wing?	☐ Abu	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CAROL DELL	-	rming termination									
Address of physicia 200 S. MERIDIAN	n perforn	-		city, state	e, and zip	code)					
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46					town, of pregr	nancy ter			County of p	oregnancy termination MARION
Patient's age** 22	Marrie [	d ☐ Yes ■ No	Date of pregna	ancy term 07/20/20		Educ	ation		Some Co	ollege, No D	Degree
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an American	☐ Un	ıknown		y anic or Latino Hispanic or La	
Live Births:	N	umber now living	0				Numb	per now de		0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of indu	iced termi	nations 0	
Dates of termination	ns (Do no	ot include this termin	ation. If more th	nan six (6	), those m	ost recent.)					
Fetus delivered aliv		If yes, length of ti	me fetus survivo	ed:		4			preexistin		ditions of the patient that may
Fetus viable?		If viable, medical	roagan for tarm	ination				N/A			
Yes Yes	No	ii viabie, medicai	reason for term	ination:					Complications  Ione Iemorrhag		regnancy Termination Uterine Perforation Cervical Laceration
Pathological examir performed?		If yes, results:						☐ Ir	nfection Other (Spec		Retained Products
								Did this			ncy result in a maternal death?
				Туре	of Termi	nation Proced	ures				
Procedure that Term	ninated P	regnancy				Additional		e that Terr	minated Pi	regnancy	
Medical (Nonsi	urgical)	Misoprostol				☐ Medica	l (Nonsu	rgical) M rgical) M rgical) O	[isoprosto]	l	
For Medical (Nonsu Check the box indice The manufacture The patient sign Medical (Surgine M		Check the b	ox indic nufactur ient sign l (Surgio l (Surgio	ating the	following ctions pro tient agree on Curetta trual Aspi	items were covided to the period ment ge ration	_				
, -		edures, answer the fo	• .							ver the follow	ing question. at least 20 weeks?
☐ Yes	☐ No	_					Yes [	No			
	the best	answered yes, compopportunity to surviv		ng questic	ons.	Was the fe	-	n the best	-	es, complete try to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	aired the p			e pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	)(3)	List the nar	ne of the	e second d	octor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>25/2018</b>		Physicia	an estimat	e of gestation 8	(in week.	s)	Post fe	ertilization age	e of the fetus (in weeks)  6
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?					1		
Was a waiver of cons		1 1 60				a waiver of n				Yes	■ No
Is the patient seeking Full name of physic			any of the follo	wing?	☐ Abu	ised		Coerced	L	Harassed	☐ Trafficked
DR. CAROL DELL	-	inning termination									
Address of physicia 200 S. MERIDIAN	-	ning termination (nu		, city, sta	te, and zip	code)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46					town, of pregna	ancy teri			County of p	pregnancy termination MARION
Patient's age** 18	Marrie [	rd ☐ Yes ■ No	Date of pregn	ancy term 07/20/20		Educa	ition			ollege, No D	)egree
Race American Indian		ka Native r Pacific Islander	☐ Asian ■ White	=		an American	□ r			anic or Latino	
Live Births:		umber now living	wnite 0	☐ Othe	er			nknown per now de		Hispanic or La	atino Unknown
Other Termination	ns: N	umber of spontaneou					Numb	per of indu	ced termi		
Dates of termination	ns (Do no	ot include this termin	· ·	han six (6	), those m	ost recent.)		_			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:		4			preexistin te the abo		nditions of the patient that may
Estera silable?		If-i-l-ldil	f t	·				N/A			
Fetus viable?  Yes  Yes	No	If viable, medical	reason for term	ination:					one		regnancy Termination Uterine Perforation
Pathological examin	nation	If yes, results:							emorrhag fection	e	Cervical Laceration Retained Products
performed?  Yes	No							☐ Ot	ther (Spec	cify)	
								Did this	terminatio		ncy result in a maternal death?
		1		Tvne	e of Termi	nation Procedu	res			-	
Procedure that Term	ninated P	regnancy		- 1100	•	Additional P		e that Term	inated Pr	regnancy	
Medical (Nonsu	urgical)	Misoprostol				☐ Medical	(Nonsu	orgical) Mi orgical) Mi orgical) Ot	soprostol	[	
For Medical (Nonsu Check the box indic  The manufactur  The patient sign  Medical (Surgic		Check the bo	ox indic nufacture ent sign	ating the fo	ollowing tions pro ent agree	items were c vided to the j ment	=				
	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	cal) Menstr cal) Other	rual Aspi		
		edures, answer the fo					tus viab	, .			ving question. e at least 20 weeks?
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ng questic	ons.	Was the fet	•	n the best o	•	es, complete t y to survive?	the following questions.
	ired the	determination that procedure to avert of					hat requ	aired the p			e pregnant woman had a th or serious impairment to
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	)(3)	List the nam	ne of the	e second do	octor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>20/2018</b>		Physicia	an estimat	e of gestation (	in week:	s)	Post fe	rtilization age	e of the fetus (in weeks)  6
How were the gestat	tional age	e and post fertilization	on age determin	ed?					1		
Was a waiver of cons		10.				a waiver of no				Yes	■ No
Is the patient seeking  Full name of physics			g any of the follo	wing?	☐ Abu	ised		Coerced		Harassed	Trafficked
DR. CAROL DELL	INGER										
Address of physician 200 S. MERIDIAN	-	-		t, city, sta	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

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Facility Name and A	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46					town, of pregn	ancy ter			County of p	pregnancy termination MARION
Patient's age** 19	Marrie	d Yes • No	Date of pregn	ancy term		Educ	ation	Н	ligh Scho	ol Diploma	or GED
Race American India			☐ Asian ☐ White	■ Blac		an American	Пш	ıknown		y anic or Latino Hispanic or La	
Live Births:		umber now living	<u> </u>		<u> </u>			per now d		0 O	atino 🔲 Unknown
Other Termination	ns: N	umber of spontaneou					Numb	per of ind	uced termi		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	han six (6	), those m	ost recent.)	ı				
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:		4			y preexistin		aditions of the patient that may
F ( 1110		re : 11	6 /	. ,.				N/A			
Fetus viable?  ☐ Yes ■	No	If viable, medical	reason for term	ination:				=	None		regnancy Termination  Uterine Perforation
Pathological examir performed?		If yes, results:						_ I	Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products
								Did this			ncy result in a maternal death?
				Туре	of Termi	nation Proced	ures				
Procedure that Term		• •				Additional I				•	
Medical (Nons)     Medical (Nons)     Medical (Nons)	urgical)	Misoprostol				☐ Medica	l (Nonsu	rgical) N	Mifepriston Misoprosto Other (Spec	l	
For Medical (Nonsu Check the box indicent of the manufacturent of the ma		Check the b	ox indic nufactur ient sign l (Surgional)	ating the er's instrumed the partial) Suctional Mens	following actions pro atient agree ion Curetta strual Aspi	items were covided to the period ment ge ration	= -				
Medical (Surgi		ed ( <i>specify</i> )	llowing questio	n			, ·		r (Specify)		ving question.
Was the fetus viab ☐ Yes	le or hav ☐ No	e a post fertilization	age at least 20 v	weeks?		Was the f	etus viab Yes [	le or hav No	e a post fer	rtilization age	e at least 20 weeks?
	the best	answered yes, compoportunity to surviv		ng questic	ons.	Was the fe	-	the best	-	es, complete try to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	ired the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	0(3)	List the nar	ne of the	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>06/2018</b>		Physicia	an estimat	e of gestation 8	(in week.	s)	Post fe	ertilization age	e of the fetus (in weeks)  6
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?					<b>'</b>		
Was a waiver of cons Is the patient seeking		1 1 60				a waiver of no				Yes	■ No
Full name of physic			any or the follo	wing!	☐ Abı	ISCU	П	Coerced		Harassed	☐ Trafficked
DR. CAROL DELL	INGER			• • •		7.)					_
200 S. MERIDIAN	-	ning termination (nu.		, city, stai	ie, and zip	coae)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 40					City or	town, of pregna	•			County of p	oregnancy termina MARION	tion
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educat	tion					
37		Yes ■ No	(	07/20/201	18					th, No Diplo	oma	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ White	Blac		an American	_	known	■ Not I	7 anic or Latino Hispanic or La		nknown
Live Births:	N	umber now living	3					er now c		0		
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	er of ind	uced termi	nations <b>2</b>		
Dates of termination  1. UNKNOWN		ot include this termina UNKNOWN				ost recent.)		5			6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					y preexistin cate the abo	-	ditions of the patie	nt that may
7								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Complic	cation(s) of P	regnancy Termina	tion
								• 1	None		Uterine Perforat	ion
Pathological everning	nation	If you regults:							Hemorrhag	е 🗆	Cervical Lacerat	
Pathological examin performed?	nation	If yes, results:						_	Infection		Retained Produc	ts
☐ Yes ■	No								Other (Spec	cify)		
											cy result in a mate	ernal death?
		<u> </u>						☐ Ye	s 🔳 N	υ		
				Туре	of Termi	nation Procedur						
Procedure that Term		minated Pi	•									
Medical (Nonsi									Mifepriston Misoprostol			
Medical (Nonsi									Other (Spec			
For Medical (Nonsurgical) procedures, answer the following question  For Medical (Nonsurgical) procedures, answer the following question												
	-	e following items we	•			Check the bo						
☐ The manufactur☐ The patient sign		ructions provided to	the patient						uctions pro itient agree	vided to the p	patient	
Medical (Surgional Control Contro									ion Curetta			
☐ Medical (Surgion Med		nstrual Aspiration							strual Aspi r (Specify)	ration		
Medical (Surgi	car) Our	si (Specijy)				iviedicai	(Surgic	ai) Ouic	а (зресцу)			
		edures, answer the fol				For Medical (	-					
	le or have	e a post fertilization a	age at least 20 v	weeks?		Was the fet		le or hav ] No	e a post fer	tilization age	at least 20 weeks	?
	_	answered yes, compl	lete the following	ng questio	ns.	_			inswered ye	es, complete t	the following ques	tions.
		opportunity to surviv	ve?						opportunit	y to survive?		
	□No					' '	es [	□ INO				
	ired the	determination that procedure to avert d				condition th	nat requ	ired the			pregnant woma h or serious impa	
program woman						the pregnant	womal	111				
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requir	red under IC 16-34	4-2-3(a)(3)
Date last normal me	_	an (15/2018		Physicia	ın estimat	e of gestation (i	n weeks	s)	Post fe	rtilization ago	e of the fetus (in w	veeks)
How were the gestar		e and post fertilization	on age determin	ed?								
ULTRASOUND												
Was a waiver of cons	sent obtain	ned?	: • N	lo	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being			☐ Abı	ısed		oerced		Harassed	☐ Trafficked	
Full name of physic DR. CAROL DELL	-	rming termination										
Address of physician 200 S. MERIDIAN	-	ning termination (num		t, city, stat	e, and zip	code)						
200 G. WENDIAN	J1, 114D	IANAI OLIO, IN 40	/ <u>-</u>									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Facility Name and A	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46						ncy ten	mination		County of	pregnancy MAR	termination
Patient's age**	Marrie	rd.	Date of pregn	ancy term	ination	Educa	tion					
22		Yes No		07/20/20	18				9th-12	th, No Dipl	oma	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		known	■ Not I	/ anic or Latin Hispanic or L		☐ Unknown
Live Births:	N	umber now living	2				Numb	er now d	eceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	per of indu	aced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)						
1		2				4		5			6	
Fetus delivered aliv		If yes, length of tin	me fetus surviv	ed:					ate the abo		nditions of	the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Complic	cation(s) of P	regnancy	Termination
	110							■ N	Vone		Uterine	Perforation
Pathological avamir	nation	If yes, results:						☐ F	Iemorrhag	е 🗆		l Laceration
Pathological examination performed?	iation	ii yes, iesuits.						_	nfection		Retained	d Products
☐ Yes ■	No								Other (Spec	cify)		
								Did this			ncy result	in a maternal death?
				_	6.77			103	. 🗀 🕦	~		
Dropo June 41 4 T	ainet-15			Туре	of Termi	nation Procedur		a that T	min-t- 1P			
Procedure that Term  Medical (Nons		•				Additional Pr			ninated Pi lifepriston	•		
Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) M	[isoprosto]	[		
☐ Medical (Nons	urgical)	Other (Specify)				Medical	(Nonsu	rgical) O	ther (Spec	rify)		
		rocedures, answer the e following items we		estion		For Medical ( Check the bo						
The manufactur	rer's instr	ructions provided to	-			☐ The man	ufactur	er's instru	ctions pro	vided to the	-	
The patient sign									tient agree			
☐ Medical (Surgi ☐ Medical (Surgi		tion Curettage istrual Aspiration							on Curetta trual Aspi			
☐ Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Other	(Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questic	n.		For Medical	(Surgica	al) proced	ures, answ	ver the follow	ving questi	on.
		e a post fertilization	age at least 20	weeks?					e a post fer	tilization age	e at least 2	0 weeks?
	☐ No tion was	answered yes, compl	lete the following	ng questio	ons.		es [ s questi		nswered ye	es, complete	the follow	ring questions.
Was the fetus given	the best	opportunity to surviv		• .		Was the fett	us give <u>r</u>	the best	-	y to survive?		
	□No						Yes L	」 No				
		determination that procedure to avert of										nt woman had a bus impairment to
the pregnant woman		procedure to avert c	south of solitons	,		the pregnan			procedure	to avert dea	ui oi sciio	us impairment to
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second d	loctor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)
						<u> </u>						
Date last normal me	_	an 18/2018		Physicia	an estimat	e of gestation (i	in weeks	5)	Post fe	rtilization ag	ge of the fe	tus (in weeks)
How were the gesta		e and post fertilization	on age determin	ed?								
ULTRASOUND												
Was a waiver of cons	sent obtain	ned? Yes	s • N	lo	Was	a waiver of not	ificatio	n obtaine	d?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Tra	afficked
Full name of physic	-	rming termination										
DR. CAROL DELL Address of physicia		ning termination (num	mher and stree	t city stat	te and zin	code)						
200 S. MERIDIAN	-	=		., c.i.y, sittl	, ana 4.1 <i>p</i>	couc)						
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	- Married						pregnan				County of J		ey termination
Patient's age** 27		ed Yes No		ancy term 07/20/201			Education	on		Bach	elor's Degr	·ee	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac	k or Africa	an Amer		☐ Unl	known		/ anic or Latino Hispanic or L		☐ Unknown
Live Births:	N	umber now living	4					Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations					Numb	er of inc	uced termi			
Dates of termination 1. 02/2018		ot include this termin	nation. If more to	han six (6)	), those mo	ost recen	nt.)		5			6	
Fetus delivered aliv  ☐ Yes ■		If yes, length of ti	me fetus surviv	ed:						y preexistin	-	nditions o	of the patient that may
									N/A				
Fetus viable?  Yes  Yes	No	If viable, medical	reason for term	ination:						Complic None Hemorrhag		Uterin	y Termination  e Perforation  cal Laceration
Pathological examin	nation	If yes, results:								Infection	е <u> </u>		ned Products
performed? ☐ Yes ■	No									Other (Spec	_		
									Did thi			ncy resul	It in a maternal death?
				of Termir	nation Pi	rocedure	es						
Procedure that Term		•							minated Pr				
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>					☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol								
Medical (Nons				Medical (Nonsurgical) Other (Specify)									
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration													
Medical (Surgi								Surgical) Other (Specify)					
Yes If the previous ques	le or hav No tion was the best	edures, answer the forms answered yes, compoportunity to survi	age at least 20 v	weeks?	ons.	Was	the fetu Ye previous	s viab s _ questi	le or have No lon was a the best	e a post fer	ver the follow rtilization age es, complete by to survive?	at least	
What was the ba	sis for aired the	determination that procedure to avert of				cond	t was t	he ba	sis for ired the				ant woman had a ious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List th	ne name	of the	second	doctor pres	sent, as requi	red unde	er IC 16-34-2-3(a)(3)
Date last normal me	_	an KNOWN		Physicia	an estimate	of gesta	ation (in	weeks	s)	Post fe	rtilization ag	e of the	fetus (in weeks)
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?									
Was a waiver of cons					Was a	a waiver	of notif	fication	n obtain	ed?	Yes	■ N	
Is the patient seeking			g any of the follo	wing?	Abu	sed		□ C	oerced		Harassed	□ T	rafficked
Full name of physic DR. CAROL DELL	_	rming termination											
Address of physicia 200 S. MERIDIAN	n perform	-		t, city, stat	te, and zip	code)							
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

periorinea.	ialiure ic	ille triis report on	une as required is	a Class B i	nisuemeanor p	ber ic i	10-34-2-	5(u).					
Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	8 City or	town, of pregna	•			County of p	oregnancy termination MARION				
Patient's age**	Marrie		Date of pregnancy to		Educa	ition							
31	L	Yes No	07/20/	2018					ociate Degre	<u>}e</u>			
Race American Indiar Native Hawaiiar	or Othe	r Pacific Islander	☐ Asian ☐ B ■ White ☐ C		can American		known	■ Not	y panic or Latino Hispanic or La				
Live Births:	Ni	umber now living	0			Numb	er now d	eceased	0				
Other Termination	ns: Ni	umber of spontaneou	us terminations			Numb	er of ind	uced term	inations 0				
Dates of termination	is (Do no	t include this termin	ation. If more than six	(6), those n	nost recent.)								
1	2.	·	3		4		5			6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				-	preexisting preexi	-	ditions of the patient that may			
							N/A						
Fetus viable?	NI.	If viable, medical	reason for termination	1:				Compli	cation(s) of Pr	regnancy Termination			
☐ Yes ■	INO						• 1	None		Uterine Perforation			
								tone Iemorrhag	_	Cervical Laceration			
Pathological examin	ation	If yes, results:						nfection	, _	Retained Products			
performed?	No							Other (Spe	ecify)				
l les 🕒	INO							, 1	327				
										<del></del>			
							Did this			cy result in a maternal death?			
			T	ination Procedu	res								
Procedure that Term	ninated Pr	regnancy	<u> </u>			that Ter	minated P	regnancy					
☐ Medical (Nonsu				Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone									
Medical (Nonsu	urgical)	Misoprostol			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
Medical (Nonsi	urgical) (	Other (Specify)			Medical	(Nonsu	rgical) (	Other (Spec	cify)				
For Medical (Nonsu										owing question			
Check the box indic	_	=	=						items were covided to the p				
☐ The manufactur☐ The patient sign			the patient					tient agree	-	atient			
Medical (Surgional Control Contro					☐ Medical								
☐ Medical (Surgio	cal) Men	strual Aspiration			☐ Medical	(Surgic	al) Mens	strual Asp	iration				
Medical (Surgio	cai) Otne	er (Specify)			Medical	(Surgic	ai) Otne	r (Specify)	1				
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical	(Surgica	al) proced	lures, ansv	wer the follow	ing question.			
Was the fetus viable	le or have	e a post fertilization	age at least 20 weeks?		Was the fe	tus viab	le or hav	e a post fe	rtilization age	at least 20 weeks?			
	■ No		1-4-4b- 6-11i	_4:	☐ Y	_	] No						
Was the fetus given			lete the following que	stions.	-	•		•		he following questions.			
	□No	opportunity to survi				Yes [		оррогин	ty to survive?				
What was the ha	sis for a	determination that	the pregnant woman	n had a	What was	tha ba	aia for	datarmina	tion that the	program tyromon had a			
condition that requ	ired the		death or serious impai							h or serious impairment to			
the pregnant woman	1?				the pregnan	it womai	n?						
List the name of the	second do	octor present, as requ	ired under IC 16-34-2-3	8(a)(3)	List the nam	e of the	second o	loctor pre	sent, as requir	red under IC 16-34-2-3(a)(3)			
N/A													
Date last normal me			Phys	ician estima	te of gestation (i	in weeks	s)	Post fo	ertilization age	e of the fetus (in weeks)			
How were the gestat		22/2018	on age determined?		9					7			
ULTRASOUND	nonai age	e and post fertifization	on age determined?										
Was a waiver of cons	ent obtair	ned?	s • No	Was	a waiver of not	tification	n obtaine	d?	☐ Yes	■ No			
Is the patient seeking	an abortio	on as a result of being	g any of the following?	☐ Ab	oused	□ C	Coerced		Harassed	☐ Trafficked			
Full name of physic	ian perfo	rming termination											
DR. CAROL DELL	INGER	_											
Address of physician 200 S. MERIDIAN	-	-	mber and street, city, i	state, and zij	p code)								
	.,tD	0210, 111 41											
**Date Reported	to DCS	if Patient under	16 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Reports for all other patients shall be submitted to the Indiana State Department of Health no later than 30 days after each termination is

periorinea.	ialiure to	ille triis report on	ume as required is a	Class B II	nisuemeanor p	ber ic ro-	34-2-5(u).					
Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	ncy termin	nation	County of p	pregnancy termination MARION			
Patient's age** 27	Marrie	d ☐ Yes ■ No	Date of pregnancy term 07/20/20		Educa	tion	High Sch	ool Diploma	or GED			
Race American Indian Native Hawaiian Live Births:	n or Othe		☐ Asian ☐ Bla ☐ White ☐ Oth		can American	Unkno	Ethnici Hispown Not	ty panic or Latino Hispanic or L				
Other Termination	ns: N	umber of spontaneou				Number	of induced term	ninations				
Dates of termination		t include this termin	ation. If more than six (	6), those m	ost recent.)			1				
1. UNKNOWN	2		3		4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				ist any preexisti omplicate the ab	•	nditions of the patient that may			
E : 11.0		76 : 11 1: 1	6			' '	N/A					
Fetus viable?  Yes	No	If viable, medical	reason for termination:			-	Compl	ication(s) of P	regnancy Termination			
	110						■ None		Uterine Perforation			
							☐ Hemorrha	ige 🔲	Cervical Laceration			
Pathological examin performed?	nation	If yes, results:					☐ Infection		Retained Products			
Yes •	No						Other (Spe	ecify)				
						=	id this torminat	tion of prognat	ncy result in a maternal death?			
							Yes 1		icy result in a maternal death?			
			Тур	e of Termi	ination Procedu	res						
Procedure that Term	ninated P	regnancy			Additional Procedure that Terminated Pregnancy							
Medical (Nonsi							cal) Mifepristo					
Medical (Nonsi							cal) Misoprostocal) Other (Spe					
I Wedlear (Nolls)	uigicai)	Other (Specify)			Wicdical	(Ivolisuigh	car) Offici (Spe	cijy)				
For Medical (Nonsu Check the box indic			e following question				al) procedures, and the following		lowing question			
	-	uctions provided to	•				instructions pr					
The patient sign			the patient		_		the patient agre					
		tion Curettage					Suction Curett					
☐ Medical (Surgion Med		nstrual Aspiration			☐ Medical	(Surgical)	Menstrual Asp Other (Specify	piration				
Wedlear (Surgi	car) Our	ci (Specijy)			Wicdical	(Surgicar)	Outer (Specify	,				
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical	(Surgical)	procedures, ans	wer the follow	/ing question.			
		e a post fertilization	age at least 20 weeks?					ertilization age	e at least 20 weeks?			
☐ Yes ☐	_	answered ves comn	lete the following questi	one	_	es 🔲 l		vas completa	the following questions.			
		opportunity to survi		ons.	_	_	e best opportun	-				
□Yes [						Yes $\square$		ity to survive.				
What was the ba	sis for	determination that	the pregnant woman	had a	What was	the hasis	for determin	ation that the	e pregnant woman had a			
condition that requ	ired the		leath or serious impairr		condition the	hat require			th or serious impairment to			
the pregnant woman	n?				the pregnan	it woman?						
List the name of the	second d	octor present, as requ	ired under IC 16-34-2-3(a	a)(3)	List the nam	e of the se	cond doctor pre	esent, as requir	red under IC 16-34-2-3(a)(3)			
Date last normal me	nses hea	an	Physic	ian estimat	te of gestation (i	in wooke)	Post f	fertilization ag	ge of the fetus (in weeks)			
Dute last normal file	_	16/2018	1 Hysic	ian collilal	10	iii iveens)	1 051 1	.c.m.zanon ag	8			
How were the gestar	tional age	e and post fertilization	on age determined?				1					
ULTRASOUND									_			
Was a waiver of cons	sent obtain	ned?	s • No	Was	a waiver of not	tification o	btained?	☐ Yes	■ No			
Is the patient seeking	an aborti	on as a result of being	any of the following?	☐ Ab	used	☐ Coer	rced [	Harassed	☐ Trafficked			
Full name of physic	_	rming termination										
DR. CAROL DELL												
200 S. MERIDIAN	-	-	mber and street, city, sto 8 <b>225</b>	ue, and zip	coae)							
	,	-,										
**Date Reported	to DCS	if Patient under	6 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Facility Name and A	Address (PPGI) - 85	i90 GEORGETOWN ROAI	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	oregnancy termina MARION	ition
Patient's age**	Marrie	ed .	Date of pregn	ancy term	ination	Educa	tion					
28		☐ Yes ■ No	(	07/20/20	18					elor's Degr	ee	
Race American Indiar Native Hawaiiar	n or Othe	er Pacific Islander	☐ Asian ☐ White	☐ Blac ■ Othe		an American		known	■ Not I	y anic or Latino Hispanic or La		Jnknown
Live Births:	N	umber now living	0					er now o		0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations <b>0</b>		
Dates of termination		ot include this termin										
1						4		5			6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					y preexistin cate the abo	-	ditions of the patie	ent that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termina	ation
									None		Uterine Perforat	tion
Pathological examin	nation	If yes, results:							Hemorrhag	e 🗆	Cervical Lacera	
performed?	iation	ii yes, iesuits.						_	Infection		Retained Produc	cts
☐ Yes ■	No								Other (Spec	cify)		
								Did thi ☐ Ye			cy result in a mat	ernal death?
				Т	of Torre	nation Dros-J	rac		<u> </u>			
Procedure that Term	ninated D	regnancy		1 ype	or rermi	Additional Pr		that Te	minated D	regnancy		
Medical (Nonsu				Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol								
Medical (Nonsu	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) N		l		
Medical (Nonst	uigicai)	Other (Specify)			Wiedicai	(INOIISU	igicai) (	Julei (Spec	<i>(1)</i> (1)			
F M-4:1 (N	:		- f-11i			F M-di1/	N	-:1)		4l	:	
		rocedures, answer the following items we		estion		Check the bo					owing question ompleted	
		ructions provided to	the patient			☐ The man	ufactur	er's instr	uctions pro	vided to the J		
The patient sign									tient agree			
	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	ion Curetta strual Aspi			
☐ Medical (Surgio	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)			
For Medical (Surgic	al) proce	edures, answer the fol	llowing questio	n.		For Medical	(Surgica	al) proce	dures, answ	ver the follow	ing question.	
		e a post fertilization a	age at least 20 v	weeks?					e a post fei	tilization age	at least 20 weeks	;?
	☐ No tion was	answered yes, compl	lete the following	ng questio	ons.	☐ Y  If the previou		] No ion was a	inswered y	es, complete t	the following que	stions.
Was the fetus given	the best	opportunity to surviv							opportunit	y to survive?	• •	
☐Yes [	□No						Yes [	」 No				
		determination that procedure to avert d									pregnant wom	
the pregnant woman		procedure to avert e	icatii or scrious	mpanin	ciit to	the pregnan			procedure	to avert deat	h or serious impa	animent to
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-3	34-2-3(a)(3)
Date last normal me	_	an 14/2018		Physicia	an estimat	e of gestation (i	n weeks	5)	Post fe	ertilization age	e of the fetus (in v	veeks)
How were the gestat		e and post fertilization	n age determin	ed?		<b></b>						
ULTRASOUND		1	<i>5</i>									
Was a waiver of cons	sent obtain	ned?	5 <b>I</b> N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being			☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic	_	rming termination										
DR. CAROL DELL Address of physician		ning termination (num	mber and street	t city stat	te and zin	(code)						
200 S. MERIDIAN	-	=		, , , sien	, up	- ·· <del>-</del> /						
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Facility Name and A	Patient's age**  Married  Patient's age**  Married  Patient's age**					town, of pregna	•			County of p	pregnancy termination  MARION
Patient's age**	Marrie	ed.	Date of pregn	ancy term	ination	Educa	tion				
40	_	Yes No		07/20/201				H		ol Diploma	or GED
Race American India Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known	Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	4				Numb	per now o	leceased	0	
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	per of ind	luced termi	nations 0	
Dates of termination	ns (Do no	ot include this termin	ation. If more to	han six (6,	), those m	ost recent.)					
1		2				4		5			6
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo		nditions of the patient that mag
								N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	Pregnancy Termination
	110							•	None		Uterine Perforation
Pathological examin	nation	If yes, results:							Hemorrhag	e 🗆	•
performed?	iation	ii yes, iesuits.							Infection		Retained Products
☐ Yes ■	No								Other (Spec	cify)	
								Did thi ☐ Ye			ncy result in a maternal deat
				Т	of Ta	nation DraJ	ros				
Procedure that Term	ninated D	regnancy		1 ype	oi termi	nation Procedur  Additional Pr		e that Te	rminated D	regnancy	
Medical (Nons		•							Mifepriston	•	
Medical (Nons Medical (Nons	urgical)	Misoprostol			☐ Medical	(Nonsu	rgical) N	Misoprosto	l		
ivicultar (140hs	Other (Specify)		☐ Medical (Nonsurgical) Other (Specify)								
For Madical (Nongo	raigal) n	rocedures, answer the	o following aug	ation		For Madical (	Nongur	raigal) pr	aaduraa a	ngwar tha fall	lowing question
		e following items we		SHOII		Check the bo					
		ructions provided to	the patient						-	vided to the	patient
The patient sign  Medical (Surgi									atient agree ion Curetta		
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration	
☐ Medical (Surgi	ical) Oth	er (Specify)				Medical	(Surgic	al) Othe	er (Specify)		
		edures, answer the fo									ving question.
	le or hav	e a post fertilization	age at least 20 v	weeks?			tus viab 'es [		e a post fei	tilization age	e at least 20 weeks?
		answered yes, comp		ng questio	ns.	_	-		-	-	the following questions.
	n the best □No	opportunity to surviv	ve?				us giver Yes 🛭		opportunit	y to survive?	a.
What was the ba	sis for	determination that	the pregnant	woman h	nad a	What was	the be	eie for	datarmina	tion that the	e pregnant woman had a
condition that requ	aired the	procedure to avert of				condition tl	hat requ	ired the			th or serious impairment to
the pregnant woman	n?					the pregnan	t woma	n?			
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3
Date last normal me	enses beg	an		Physicia	ın estimat	e of gestation (i	in weeks	5)	Post fe	rtilization ag	ge of the fetus (in weeks)
	06/	07/2018				5					3
How were the gesta  ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?							
Was a waiver of cons	sent obtain	ned?	3 <b>I</b> N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No
Is the patient seeking	an aborti	on as a result of being			Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic	-	rming termination									
DR. CAROL DELL		ning termination (num	mher and street	t city stat	e and sin	(code)					
200 S. MERIDIAN	-	=		, cuy, sial	с, ана хір	couc <sub>j</sub>					
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	acility Name and Address IN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46						INDIANAPOLIS					
Patient's age** 22	Marrie [	d ☐ Yes ■ No	Date of pregn	ancy term 07/20/20		Educ	ation	н	ligh Scho	ol Diploma	or GED	
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Blac		an American	ППп	known		y anic or Latino Hispanic or La		
Live Births:		umber now living	1	<u> </u>	J1			per now d		0	duilo	
Other Termination	ns:	umber of spontaneou	us terminations 0				Numb	per of ind	uced termi			
Dates of termination	ns (Do no	ot include this termin		han six (6	), those m	ost recent.)	1					
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:		4			y preexistin		ditions of the patient that may	
E 4 . 11.0		TC : 11 I: 1	C	**				N/A				
Fetus viable?  Yes  Yes	No	If viable, medical	reason for term	ination:				_	None		regnancy Termination  Uterine Perforation	
Pathological examin	nation	If yes, results:							Hemorrhag Infection	ge 📙	Cervical Laceration Retained Products	
Yes •	No								Other (Spec	cify)		
								Did this			ncy result in a maternal death?	
				Type	of Termi	nation Proced	ırac	TC:	5 🗀 10	0		
Procedure that Term	ninated P	regnancy		1 ype	OI TOIHH	Additional F		e that Ter	minated Pr	regnancy		
Medical (Nonsi	urgical)	Misoprostol		☐ Medica	l (Nonsu	rgical) N	Mifepriston Misoprostol Other (Spec	l				
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration												
Medical (Surgi	cal) Oth	er (Specify)					Medical (Surgical) Other (Specify)  For Medical (Surgical) procedures, answer the following question.					
☐ Yes	le or hav □ No	e a post fertilization	age at least 20 v	weeks?		Was the f	etus viab Yes [	le or hav	e a post fer	rtilization age	at least 20 weeks?	
	the best	answered yes, compopportunity to surviv		ng questic	ons.	Was the fe	-	the best	-	es, complete t ty to survive?	the following questions.	
	ired the	determination that procedure to avert of					that requ	ired the			e pregnant woman had a h or serious impairment to	
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)									red under IC 16-34-2-3(a)(3)			
Date last normal menses began Physician estimate of gestation (in weeks) 7								s)	Post fe	ertilization age	e of the fetus (in weeks)  5	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
Was a waiver of cons		1 1 60				a waiver of no				Yes	■ No	
Is the patient seeking Full name of physic			any of the follo	wing?	☐ Abı	ised		Coerced	L	Harassed	☐ Trafficked	
DR. CAROL DELL	INGER											
Address of physicia 200 S. MERIDIAN	-	-		, city, stai	te, and zip	code)						
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	acility Name and Address N-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462					INDIANAPOLIS MARION						
Patient's age** 30	Marrie	ed ☐ Yes ■ No	Date of pregna	ancy term 07/20/20		Educ	ation	S	ome Co	ollege, No De	egree	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ White	■ Blac		an American		ıknown	Not I	y anic or Latino Hispanic or Lat	tino 🔲 Unknown	
Live Births:		umber now living	1					per now dec		0		
Other Termination	15.	umber of spontaneou	0				Numb	per of induc	ed termi	nations 1		
Dates of termination  UNKNOWN	ns (Do no	ot include this termin	ation. If more th	an six (6	), those m	ost recent.)		5		,	6	
Fetus delivered alive		If yes, length of ti		ed:		<u> </u>		complicat			ditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				N/A				
Yes Yes	No	ii viaote, meatear	rougon for terms	inution.				■ No	one		egnancy Termination Uterine Perforation	
Pathological examir	nation	If yes, results:							morrhag Tection		Cervical Laceration Retained Products	
performed? ☐ Yes ■	No								her (Spec	_	Retained Froducts	
								Did this t ☐ Yes	erminatio		cy result in a maternal death?	
				Type	e of Termi	nation Proced	ures	·				
Procedure that Term	ninated P	regnancy		J 1.	Additional l		e that Term	inated Pi	regnancy			
Medical (Nonsi	urgical)	Misoprostol			☐ Medica	l (Nonsu	rgical) Min rgical) Min rgical) Oth	soprosto!	l			
Check the box indice.  The manufacture.  The patient sign.	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement											
Medical (Surgi	cal) Mei	nstrual Aspiration				☐ Medica	<b>高</b>					
Was the fetus viab		edures, answer the fo				Was the f	etus viab				ng question. at least 20 weeks?	
	the best	answered yes, comp opportunity to survi-		ig questic	ons.	Was the fe	-	n the best of	-	es, complete they to survive?	ne following questions.	
	ired the	determination that procedure to avert of					that requ	aired the pr			pregnant woman had a a or serious impairment to	
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 1								ed under IC 16-34-2-3(a)(3)				
Date last normal menses began Physician estimat 05/30/2018							(in week.	s)	Post fe	ertilization age	of the fetus (in weeks) 7	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons						a waiver of no				Yes	■ No	
Is the patient seeking			any of the follo	wing'?	☐ Abı	ısed		Coerced		Harassed	Trafficked	
Full name of physic DR. CAROL DELL	_	uming termination										
Address of physicia 200 S. MERIDIAN	-	ning termination (nu		, city, sta	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	acility Name and Address N-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462  atient's age**  Married  Date of pregnancy					town, of pro	egnancy t		1	County of p	pregnancy termination MARION		
Patient's age** 36		ed Yes No	1 0	ancy term		Ес	lucation		Asso	ociate Degr	ee		
Race American Indian Native Hawaiian	or Othe		Asian White	☐ Blac		an America	<u> </u>	Jnknown nber now	■ Not l	y anic or Latino Hispanic or L			
Live Births:			0						duced termi	0			
Other Termination	15:	fumber of spontaneou	0		- 1		INUI	nioei oi iii	uuceu terrin	1			
Lates of termination	1S ( <i>Do no</i>	ot include this termin	3	nan six (0	), tnose m	0st recent.) 4		5			6		
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:				compl	ny preexisting icate the about	-	nditions of the patient that may		
Fetus viable?		If viable, medical	reason for term	ination:				N/A					
Yes Yes	No	ii viuole, inedicui	reason for term	mation.				•	None		regnancy Termination Uterine Perforation		
Pathological examir	nation	If yes, results:						1	Hemorrhag Infection	ge ∐ □	Cervical Laceration Retained Products		
performed?	No								Other (Spec	_	Retained Froducts		
								Did th			ncy result in a maternal death?		
				Tvne	e of Termi	nation Proc	edures	*					
Procedure that Term	ninated P	regnancy		- 110				ure that Te	rminated P	regnancy			
Medical (Nonsi	urgical)	Misoprostol				☐ Med	ical (Non	surgical)	Mifepriston Misoprosto Other (Spec	l			
	,	(-1 - 33)				☐ Medical (Nonsurgical) Other (Specify)							
For Medical (Nonsu Check the box indic	eating the		ere completed	estion		Check th	e box ind	icating the	efollowing	nswer the foll items were c	•		
☐ The patient sign	ed the pa	tient agreement							atient agree				
Medical (Surgi	cal) Mei	nstrual Aspiration				<ul> <li>☐ Medical (Surgical) Suction Curettage</li> <li>☐ Medical (Surgical) Menstrual Aspiration</li> <li>☐ Medical (Surgical) Other (Specify)</li> </ul>							
EM-Ji1 (Ci	-1)	41 - £-	11			F 16 13	1.0	• 1	1	4 6 11			
		e a post fertilization	• 1			Was th					ving question. e at least 20 weeks?		
	the best	answered yes, comp opportunity to survi-		ng questic	ons.	Was the	-	en the bes	•	es, complete ty to survive?	the following questions.		
	ired the	determination that procedure to avert of				condition		quired the			e pregnant woman had a th or serious impairment to		
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  N/A  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)									red under IC 16-34-2-3(a)(3)				
Date last normal me	-	an <b>21/2018</b>		Physicia	an estimat	e of gestation	on (in wee	eks)	Post fe	ertilization ag	e of the fetus (in weeks)		
How were the gesta ULTRASOUND			on age determine	ed?									
Was a waiver of cons	ent obtai	ned?	s 🔳 N	lo	Was	a waiver o	f notificat	ion obtain	ed?	☐ Yes	■ No		
Is the patient seeking	an aborti	on as a result of being			☐ Abu	ised		Coerced		Harassed	Trafficked		
Full name of physic DR. CAROL DELL	-	rming termination											
Address of physicia		ning termination (nu	mber and street	, city, sta	te, and zip	code)							
200 S. MERIDIAN	ST, INC	DIANAPOLIS, IN 4	6225										
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A	11111100					town, of pregna	•			County of J	oregnancy termin	nation
Patient's age**	Marria	d	Date of pregn	ancy term	ination	Educa	tion					
31		Yes No		07/20/20			_	·	ligh Scho	ool Diploma	or GED	
Race American Indian Native Hawaiian			Asian White	☐ Blac		an American	☐ Un	known		y anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	0				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)						
1	2		3			4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of the pat	ient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termin	nation
	110								None		Uterine Perfora	ation
D.d. I. i. I i		TC L							Hemorrhag	ge 🗆	Cervical Lacer	ation
Pathological examing performed?	nation	If yes, results:							Infection		Retained Produ	acts
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a ma	iternal death?
		1						☐ Yee	s 🔳 N	O		
				Туре	of Termi	nation Procedur						
Procedure that Term		•				Additional Pr				•		
☐ Medical (Nons ☐ Medical (Nons								Mifepriston Misoprosto				
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)		
For Medical (Nonsu Check the box indic				estion		For Medical ( Check the bo	` '	_ , 1			lowing question	
	-	ructions provided to	-					_	_	vided to the	-	
☐ The patient sign	ed the pa	tient agreement				☐ The patie	ent sign	ed the pa	atient agree	ment		
Medical (Surgi		tion Curettage nstrual Aspiration							ion Curetta strual Aspi			
Medical (Surgi									er (Specify)			
For Medical (Surgio	cal) proce	dures answer the fo	llowing questic	on		For Medical (	(Surgica	al) proce	dures answ	ver the follow	ving question	
		e a post fertilization									e at least 20 week	is?
	■ No	anguard was some	lata tha fallawi	na avoatio	·ma		es [	_	marrianad ri	aa aammilata	the following au	actions
		answered yes, comp opportunity to surviv		ng questio	ns.	_	-		-	es, complete ty to survive?	the following que	estions.
	No						Yes [		· · · · · · · · · · · · · · · · · · ·	.,		
		determination that									e pregnant won	
condition that requ the pregnant woman		procedure to avert of	death or serious	s impairm	ent to	condition the			procedure	to avert dear	th or serious imp	pairment to
						pregnan	011101					
Tind of		-4	:1 1. 70.17	24.2.20	(2)	Time of	6 4		٠. ـ ١			24.2.2(.)(2)
N/A	second d	octor present, as requ	nea unaer IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-	54-2-5(a)(5)
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in weeks	5)	Post fe	ertilization ag	e of the fetus (in	weeks)
		09/2018				6					4	
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
<u></u>		10							10			
Was a waiver of cons Is the patient seeking						a waiver of not		n obtain loerced	ed?	☐ Yes Harassed	■ No  □ Trafficked	
Full name of physic			, any or the folio	,wmg:	A00	1000		ociceu		1 11a1aSSCU	папискес	
DR. CAROL DELL	-	ınıng ızınınatlon										
Address of physicia	-	=		t, city, stat	te, and zip	code)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 4	5225									
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_		

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	oregnancy termination  MARION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion				
20		☐ Yes ■ No	(	07/20/20	18			H		ool Diploma	or GED
Race American Indiar Native Hawaiiar	or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Blac ■ Othe		an American		known	☐ Not I	y anic or Latino Hispanic or La	
Live Births:	N	umber now living	0				Numb	er now o	leceased	0	
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations 0	
Dates of termination	ns (Do no	t include this termin	ation. If more to	han six (6	), those m	ost recent.)					
1		·				4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	ditions of the patient that may
F ( 1110		10 : 11 1: 1	<u> </u>					N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of Pr	regnancy Termination
									None		Uterine Perforation
Pathological examin	nation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration
performed?	iation	11 yes, results.						_	Infection		Retained Products
☐ Yes ■	No							Ш	Other (Spec	cify)	
								Did thi ☐ Ye			ncy result in a maternal death?
				Trmo	of Torm:	nation Procedur	rec				
Procedure that Term	ninated P	regnancy		1 уре	OI ICIIIII			that Te	rminated P	regnancy	
Medical (Nonsu				ditional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone  Medical (Nonsurgical) Misoprostol							
Medical (Nonsu											
ivicalcal (Nonst	urgicar)	other (specify)		☐ Medical (Nonsurgical) Other (Specify)							
For Medical (Name)	raisal) m	ra anduras, anguvar th	a fallowing ava	ation		For Madical (	Manaum	aiaal) mr		navvar tha fall	owing question
For Medical (Nonsu Check the box indic				Stion		Check the bo					
		uctions provided to	the patient						-	ovided to the j	patient
The patient sign									atient agree ion Curetta		
Medical (Surgio	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration	
Medical (Surgio	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)		
For Medical (Surgic						For Medical (	_				
	le or havo ☐ No	e a post fertilization	age at least 20 v	weeks?		Was the fet  ☐ Y		le or hav  No	e a post fei	rtilization age	at least 20 weeks?
If the previous quest		answered yes, comp	lete the following	ng questio	ns.	_			nswered y	es, complete t	the following questions.
	the best No	opportunity to surviv	ve?				us giver Yes [		opportunit	ty to survive?	
								_			
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to
the pregnant woman	1?					the pregnan			1		1
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Details :				Di · ·		<u> </u>		- \	D : 0		
Date last normal me	_	an 28/2018		Physicia	ın estimat	e of gestation (i	n weeks	5)	Post fe	ertilization age	e of the fetus (in weeks)  5
How were the gestat	tional age	and post fertilization	on age determin	ed?							
ULTRASOUND											
Was a waiver of cons						a waiver of not			ed?	☐ Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		oerced		Harassed	☐ Trafficked
Full name of physics  DR. CAROL DELL	-	rming termination									
Address of physician		ning termination (nu.	mber and street	t, city, stat	te, and zip	code)					
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	6225								
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	year):						_	

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Facility Name and A	acility Name and Address N-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, atient's age**  Date of pregnance					INDIANAPOLIS				County of p	regnancy termination MARION
Patient's age** 21	Marrie [	d ☐ Yes ■ No	Date of pregn	ancy term 07/20/20		Educ	ation		Some Co	ollege, No D	egree
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Blac		an American	☐ Un	ıknown		/ anic or Latino Hispanic or La	
Live Births:	N	umber now living	1				Numb	ber now de	eceased	0	
Other Termination	ns: N	umber of spontaneou	us terminations 0				Numb	ber of indu	iced termi	nations <b>0</b>	
Dates of termination	ns (Do no	ot include this termin	ation. If more th	nan six (6	), those m	ost recent.)					
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:		4			preexisting the about		ditions of the patient that may
Fetus viable?		If viable medical	rangan far tarm	ination				N/A			
Yes Yes	No	If viable, medical	reason for term	ination:				_	Vone		regnancy Termination Uterine Perforation Cervical Laceration
Pathological examin	nation	If yes, results:							lemorrhag nfection		Retained Products
performed?  Yes	No								Other (Spec	_	
								Did this			cy result in a maternal death?
				Tvne	e of Termi	nation Proced	ıres				
Procedure that Term	ninated P	regnancy		- 1100		Additional I		e that Teri	minated Pr	regnancy	
Medical (Nonsi	urgical)	Misoprostol			☐ Medica	l (Nonsu	ırgical) M	lifepriston lisoprostol other (Spec	l		
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage											
Medical (Surgion Medica	cal) Mer cal) Oth	nstrual Aspiration er (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)  For Medical (Surgical) procedures, answer the following question.					
		edures, answer the fo				Was the f	etus viab				ing question. at least 20 weeks?
If the previous quest Was the fetus given  ☐ Yes	the best	answered yes, comp opportunity to surviv		ng questio	ons.	Was the fe	-	n the best	-	es, complete t y to survive?	he following questions.
	ired the	determination that procedure to avert of					that requ	uired the p			pregnant woman had a h or serious impairment to
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)									ed under IC 16-34-2-3(a)(3)		
Date last normal menses began  O5/20/2018  Physician estimate of gestation (in								s)	Post fe	rtilization age	e of the fetus (in weeks)  5
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?							
Was a waiver of cons					Was	a waiver of no				Yes	■ No
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CAROL DELL	-	rming termination									
Address of physicia 200 S. MERIDIAN	-	-		, city, sta	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	IN, 46268	INDIANAPOLIS					County of p	oregnancy termination MARION		
Patient's age** 20	Marrie	d ☐ Yes ■ No	Date of pregn	ancy term 07/20/20		Educa	ation	Н	ligh Scho	ol Diploma	or GED
Race American Indian		ka Native r Pacific Islander	Asian	=		an American		1		anic or Latino	
Live Births:		umber now living	White 0	☐ Othe	er			known oer now d		Hispanic or La	atino Unknown
Other Termination	ıs: N	umber of spontaneou					Numb	per of ind	uced termi		
Dates of termination	is (Do no	ot include this termin		han six (6	), those m	ost recent.)	1				
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:		4			y preexistin		aditions of the patient that may
								N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				• 1	Compli	cation(s) of Pr	regnancy Termination Uterine Perforation
Pathological examin	ation	If yes, results:							Hemorrhag Infection	e □	Cervical Laceration Retained Products
performed?	No								Other (Spec	_	100000
								Did this			ncy result in a maternal death?
				Туре	of Termi	nation Procedu	ıres	•			
Procedure that Term	inated P	regnancy		• •		Additional P		e that Ter	minated P	regnancy	
■ Medical (Nonsurgical) Mifepristone       □ Medical (Nonsurgical) Misoprostol       □ Medical (Nonsurgical) Misoprostol       □ Medical (Nonsurgical) Misoprostol       □ Medical (Nonsurgical) Misoprostol       □ Medical (Nonsurgical) Other (Specify)										[	
Check the box indic  The manufactur	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement										
Medical (Surgion Medical (Surgio	cal) Mer	nstrual Aspiration				☐ Medica	l (Surgic	al) Mens	ion Curetta strual Aspi r ( <i>Specify)</i>		
		edures, answer the fo				Was the fe	etus viab				ring question. e at least 20 weeks?
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ng questic	ons.	Was the fe	-	the best	-	es, complete t y to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	ired the			e pregnant woman had a th or serious impairment to
List the name of the	List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)									red under IC 16-34-2-3(a)(3)	
Date last normal me	_	an <b>27/2018</b>		Physicia	an estimat	e of gestation (	in week.	s)	Post fe	rtilization age	e of the fetus (in weeks)  5
How were the gestat	tional ag	e and post fertilization	on age determin	ed?					•		
Was a waiver of cons		10.				a waiver of no				Yes	■ No
Is the patient seeking  Full name of physics			; any or the follo	wing!	☐ Abı	ISCU		Coerced		Harassed	☐ Trafficked
DR. CAROL DELL	INGER			• • •	. 1:	7.)					
Address of physician 200 S. MERIDIAN	-	-		, city, stai	ie, and zip	coae)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS, I	IN, 46268	City or t	own, of pregr	nancy ter			County of p	oregnancy termination MARION	
Patient's age** 27	Marrie	d ■ Yes □ No	Date of pregna	ancy term 07/20/20		Educ	ation		Asso	ociate Degre	ee	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American		nknown [	■ Not I	nnic or Latino Hispanic or L		
Live Births:		umber now living	3					ber now dece		0		
Other Termination	ns:	umber of spontaneou	us terminations 1				Numb	ber of induce	ed termi	nations <b>0</b>		
Dates of termination 01/2017	ns (Do no	ot include this termin	ation. If more th	an six (6	), those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti		ed:		*		complicate			ditions of the patient that may	
Fetus viable?		If viable, medical	reason for termi	ination:				N/A				
Yes Yes	No	ii viuote, medicui	reason for terms	inution.				■ Noi	ne		regnancy Termination  Uterine Perforation	
Pathological examin	nation	If yes, results:							morrhag ection		Cervical Laceration Retained Products	
performed?  Yes	No								ier (Spec	_		
								Did this te	erminatio		ncy result in a maternal death?	
				Tvne	of Termi	nation Proced	ures					
Procedure that Term		Additional Procedure that Terminated Pregnancy										
Medical (Nonso		<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>										
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)         For Medical (Nonsurgical) procedures, answer the following question       For Medical (Nonsurgical) procedures, answer the following question         Check the box indicating the following items were completed       Check the box indicating the following items were completed         ☐ The manufacturer's instructions provided to the patient       ☐ The manufacturer's instructions provided to the patient         ☐ The patient signed the patient agreement       ☐ The patient signed the patient agreement										ompleted		
Medical (Surgion Medica	cal) Mei	nstrual Aspiration				<ul> <li>☐ Medical (Surgical) Suction Curettage</li> <li>☐ Medical (Surgical) Menstrual Aspiration</li> <li>☐ Medical (Surgical) Other (Specify)</li> </ul>						
Was the fetus viab		edures, answer the fo	- 1			Was the	etus viab				ing question. at least 20 weeks?	
	the best	answered yes, compoportunity to surviv		ng questio	ons.	Was the fe	-	n the best op	-	es, complete t y to survive?	the following questions.	
	ired the	determination that procedure to avert of					that requ	uired the pro			e pregnant woman had a h or serious impairment to	
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)							e second doc	ctor pres	ent, as requir	red under IC 16-34-2-3(a)(3)		
Date last normal menses began  05/15/2018  Physician estimate of gestation  8							(in week.	s)	Post fe	rtilization age	e of the fetus (in weeks)  6	
How were the gestar	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons		1 1 60				a waiver of n				Yes	■ No	
Is the patient seeking			any of the follo	wing'?	Abu	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. CAROL DELL	_	rming termination										
Address of physician 200 S. MERIDIAN	-	ning termination (nu		, city, stai	te, and zip	code)						
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):								

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Facility Name and A	Address	590 GEORGETOWN ROA	· ·			town, of pregna	ncy ter	mination	•	County of p	oregnancy to	
Patient's age**	Marrie	d	Date of pregna	ancy term	ination	Educa	tion					
17		Yes No	0	7/20/20	18			Hi		ool Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		ıknown	■ Not I	y anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	0				Numl	per now de	eceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numb	per of indu	iced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	nation. If more th	nan six (6	), those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					preexistin ate the abo		nditions of th	ne patient that may
F ( 11.0		TC : 11						N/A				
Fetus viable?  Yes	No	If viable, medical	reason for termi	ination:					Complia	cation(s) of P	regnancy Te	ermination
								_	lone		Uterine P	
Pathological examir	nation	If yes, results:						_	lemorrhag nfection	ge 📙	Retained	Laceration Products
performed?	No								ther (Spec	_	Retained	Troducts
	110											
								Did this ☐ Yes			ncy result in	a maternal death?
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedur	e that Terr	ninated Pi	regnancy		
Medical (Nonsi				Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone  Medical (Nonsurgical) Misoprostol								
■ Medical (Nonsurgical) Misoprostol       □ Medical (Nonsurg         □ Medical (Nonsurgical) Other (Specify)       □ Medical (Nonsurg												
For Medical (Nonsu Check the box indic	_ , 1		U 1	stion		For Medical ( Check the bo						tion
		ructions provided to	_					-	_	vided to the	-	
The patient sign								ned the pat				
☐ Medical (Surgi ☐ Medical (Surgi		tion Curettage strual Aspiration				☐ Medical ☐ Medical	(Surgic	cal) Mens	trual Aspi	ration		
☐ Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgio	al) Other	(Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	ollowing question	n.		For Medical	(Surgical	al) proced	ures, answ	ver the follow	ing question	n.
Was the fetus viab  ☐ Yes		e a post fertilization	age at least 20 w	veeks?			tus viab 'es [		a post fer	rtilization age	at least 20	weeks?
If the previous ques	_	answered yes, comp	lete the followin	g questio	ns.	If the previou	_		nswered ye	es, complete	the followin	g questions.
	the best No	opportunity to survi	ve?				us giver Yes [		opportunit	ty to survive?		
		determination that	the pregnant s	woman 1	nad a			<del></del>	lata	tion that the		vyomor h-1
	iired the	procedure to avert					hat requ	aired the p				woman had a s impairment to
List the name of the	second de	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the nam	e of the	e second d	octor pres	sent, as requi	red under IC	C 16-34-2-3(a)(3)
Date last normal me	_			Physicia	n estimat	e of gestation (i	in week.	s)	Post fe	ertilization ag		is (in weeks)
How were the gesta		01/2018	on age determina	-d?		6					4	
ULTRASOUND	tional ago	e and post fertilization	on age determine									
Was a waiver of cons						a waiver of not			d?	Yes	■ No	
Is the patient seeking			g any of the follow	wing'!	☐ Abı	ısed		Coerced	L	Harassed	☐ Traff	ficked
Full name of physic DR. CAROL DELL		rming termination										
Address of physicia	-	-		city, stat	e, and zip	code)						
200 S. MERIDIAN	SI, IND	MANAPULIS, IN 4	0220									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	ancy teri			County of p	oregnancy termination MARION	
Patient's age** 27	Marrie [	d ☐ Yes ■ No	Date of pregn	ancy term 07/20/20		Educa	ntion	н	ligh Scho	ol Diploma	or GED	
Race American Indian		ka Native r Pacific Islander	Asian			an American	□ r	1		anic or Latino		
Live Births:		umber now living	☐ White	■ Othe	er			known oer now d		Hispanic or La	atino Unknown	
Other Termination	ns: N	umber of spontaneou					Numb	per of ind	uced termi			
Dates of termination	ns (Do no	ot include this termin	•	han six (6	), those m	ost recent.)		_				
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:		4			y preexistin		aditions of the patient that may	
F-4ib1-9		Tf-::-bldil	£ 4	·				N/A				
Fetus viable?  Yes  Yes	No	If viable, medical	reason for term	ination:				=	None		Uterine Perforation	
Pathological examin performed?		If yes, results:						_ I	Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products	
								Did this			ncy result in a maternal death?	
				Туре	e of Termi	nation Procedu	ires					
Procedure that Term		• •		Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone								
Medical (Nonsi		Medical	(Nonsu	rgical) N	Mifepriston Misoprosto Other (Spec	[						
Check the box indic  The manufactur  The patient sign  Medical (Surgi  Medical (Surgi	eating the rer's instructed the pa cal) Suc cal) Mer	tion Curettage	ere completed	estion		Check the beautiful The man The pati	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration					
☐ Medical (Surgio						Medical (Surgical) Other (Specify)  For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab	le or hav	edures, answer the fo	age at least 20 v	weeks?		Was the fe	tus viab Yes [	le or hav No	e a post fer	tilization age	e at least 20 weeks?	
	the best	answered yes, compopportunity to surviv		ng questic	ons.	Was the fet	•	the best	•	es, complete t y to survive?	the following questions.	
	ired the	determination that procedure to avert of					hat requ	ired the			e pregnant woman had a th or serious impairment to	
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present  N/A								sent, as requir	red under IC 16-34-2-3(a)(3)			
Date last normal menses began Physician estimate of gestation (in  05/06/2018 9							in week:	s)	Post fe	rtilization age	e of the fetus (in weeks) 7	
How were the gestar	tional ag	e and post fertilization	on age determin	ed?								
Was a waiver of cons Is the patient seeking		1 1 60				a waiver of no		n obtaine Coerced		☐ Yes	■ No  Trafficked	
Full name of physic	ian perfo		, arry 01 life 10110	wmg!	☐ Abı	ISCU		ociced		Harassed	<u> </u>	
DR. CAROL DELL Address of physicia		ning termination (nu	mber and street	t. citv. star	te. and zip	code)						
200 S. MERIDIAN	-	-		. 5,	~~~~~	, 						
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):								

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROAI	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna				County of p	pregnancy termination MARION	
Patient's age**	Marrie	ed .	Date of pregn	ancy term	ination	Educa	tion					
21	_	☐ Yes ■ No	(	07/20/20 <sup>-</sup>	18					ollege, No D	)egree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or L		
Live Births:	N	umber now living	0				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of ind	uced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)						
1	2					4		5			6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may	
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination	
								•	None		Uterine Perforation	
D 4 1 1 1 1 1		TC I							Hemorrhag	ge 🔲	Cervical Laceration	
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
								Did thi	s terminati		ncy result in a maternal death?	
								☐ Ye	s 🔳 N	0		
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	e that Te	minated P	regnancy		
Medical (Nons					Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone							
Medical (Nonsi				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
For Medical (Nonsu	ırgical) nı	rocedures, answer the	e following and	estion		For Medical (	Nonsur	gical) pro	ocedures a	nswer the foll	lowing question	
		e following items we				Check the bo	x indic	ating the	following	items were c	completed	
_		ructions provided to	the patient						-	vided to the	patient	
The patient sign  Medical (Surgi									itient agree ion Curetta			
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration		
☐ Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)			
For Medical (Surgio	cal) proce	dures, answer the fol	llowing question	n.		For Medical (	Surgica	al) proce	dures, answ	ver the follow	ving question.	
		e a post fertilization a	age at least 20 v	weeks?			us viab	le or hav			e at least 20 weeks?	
	■ No	answered yes, compl	lata tha fallawi	na augatio	na	If the prayion		] No	ngwarad w	os aomnloto t	the following questions.	
		opportunity to surviv		ng questio	115.	-	-			ty to survive?	• •	
	□No						res [		оррогия	., to sui 1110.		
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the ba	sis for	determinat	tion that the	e pregnant woman had a	
the pregnant woman		procedure to avert d	leath or serious	impairm	ent to	condition th	nat requ	ired the			th or serious impairment to	
prognant woman	•					the pregnan	ı woınal	11.1				
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	ngec hac	an		Physicia	n estimat	e of gestation (i	n wool-	c)	Doct fo	ertilization ac	ge of the fetus (in weeks)	
Date last normal file	_	an 15/2018		1 mysicia	ui vətillidl	<b>9</b>	n week.	"	1 081 10	aunzauon ag	7	
How were the gesta	tional age	e and post fertilization	n age determin	ed?								
ULTRASOUND												
Was a waiver of cons	sent obtain	ned?	■ N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic	-	rming termination										
DR. CAROL DELL		ning to-mi	mbor as 1 :	4 alter 1	· a 1 ·	anda)						
200 S. MERIDIAN	-	ning termination (num		ı, cıry, stat	е, апа zıp	coae)						
	,											
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of	pregnancy to	
Patient's age**	Marrie	.d	Date of pregn	ancv term	ination	Educa	tion			I		
21		Yes No		07/20/20					Some Co	ollege, No I	Degree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known	■ Not I	y anic or Latin Hispanic or L		Unknown
Live Births:	N	umber now living	0				Numb	per now c	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of ind	uced termi	nations 1		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)						
1. 10/23/2015	2		3			4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of th	ne patient that may
T			0 .					N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:				-	Compli	cation(s) of P	regnancy T	ermination
	110							<b>■</b> 1	None		Uterine P	erforation
D. 1. 1. 1. 1. 1.		70 1							Hemorrhag	je 🗆	Cervical	Laceration
Pathological examir performed?	nation	If yes, results:							Infection		] Retained	Products
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in	a maternal death?
								☐ Ye	s 🔳 N	0		
				Туре	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	e that Ter	minated P	regnancy		
Medical (Nonsi				Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone  Medical (Nonsurgical) Misoprostol								
Medical (Nons				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
	Interior (Normalizer) out (Specify)											
For Medical (Nonsu	rgical) p	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pro	ocedures, a	nswer the fol	lowing ques	tion
Check the box indic		=	-			Check the bo	x indic	ating the	following	items were o	completed	
The manufactur  The patient sign		ructions provided to	the patient						actions pro itient agree	wided to the	patient	
☐ Medical (Surgi									ion Curetta			
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration		
Medical (Surgi	cai) Otn	er (Specify)				Medical	(Surgic	ai) Otne	r (Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questic	n.		For Medical	(Surgica	al) proce	dures, answ	ver the follow	ving questio	n.
	le or hav ☐ No	e a post fertilization	age at least 20	weeks?			tus viab 'es [		e a post fei	rtilization age	e at least 20	weeks?
If the previous ques	_	answered yes, comp	lete the following	ng questio	ns.	If the previou	_		nswered y	es, complete	the followir	ng questions.
		opportunity to survi	ve?						opportunit	y to survive?	,	
	□No						Yes L	_l No				
		determination that procedure to avert of										woman had a
the pregnant woman		procedure to avert	cam or serious	, impairin	ciit to	the pregnan			procedure	to avert dea	iii oi seiiou	s impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent as requi	red under It	C 16-34-2-3(a)(3)
				(a)	.(-)	2.5t the nam		Joedina		, 45 10441		
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in week.	5)	Post fe	ertilization ag	ge of the fett	ıs (in weeks)
		01/2018	•	10		7					5	
How were the gestar  ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
Ļ					1							
Was a waiver of cons						a waiver of not			ed?	Yes	■ No	Fielrad
Is the patient seeking			any or the follo	wing!	∐ Abı	iscu		Coerced	L	Harassed	I raf	ficked
Full name of physic DR. CAROL DELL	-	rming termination										
Address of physicia		ning termination (nu	mber and stree	t, city, stat	e, and zip	code)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	6225									_
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A	Address (PPGI) - 8	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of pro	gnancy te		ı	County of 1	pregnancy termination MARION		
Patient's age** 22	Marrie	ed Yes • No	Date of pregn	ancy term 07/20/20		Ec	ucation	ı	High Scho	ool Diploma	or GED		
Race American Indian			Asian	☐ Blac	k or Afric	an America				anic or Latino			
☐ Native Hawaiiai		umber now living	■ White	Othe	er			hknown hber now		Hispanic or L	atino Unknown		
Other Termination	ns: N	umber of spontaneou	as terminations				Nun	nber of in	duced termi				
		ot include this termin	ation. If more th	han six (6	), those m	ost recent.)				0			
I	2	2	3	1		4		5	mea avriatie	a modical cor	6aditions of the patient that may		
Fetus delivered alive		If yes, length of ti	me ieius surviv	ea:					icate the abo	-	iditions of the patient that may		
								N/A					
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination		
									None		Uterine Perforation		
Pathological examir	nation	If yes, results:						1	Hemorrhag Infection	ge ∐	Cervical Laceration  Retained Products		
performed?	No								Other (Spe	cify)			
								Did th			ncy result in a maternal death?		
		•		Туре	e of Termi	nation Proc	edures						
Procedure that Term	ninated P	regnancy		Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone									
☐ Medical (Nons					Mifepristor Misoprosto								
Medical (Nons				Other (Spec									
E W E 101			C 11			E M E	1.01	1	1	4 6 11	1		
For Medical (Nonsu Check the box indic	eating the	e following items we	ere completed	stion		Check th	e box indi	cating the	following	items were c	=		
☐ The manufactur☐ The patient sign		ructions provided to tient agreement	the patient			_	The manufacturer's instructions provided to the patient The patient signed the patient agreement						
Medical (Surgi		tion Curettage nstrual Aspiration					☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration						
Medical (Surgi						Medical (Surgical) Other (Specify)							
For Medical (Surgic								, .			ving question.		
Yes	■ No	e a post fertilization					Yes	☐ No		_	e at least 20 weeks?		
		answered yes, comp opportunity to survi-		ng questic	ons.		•			es, complete ty to survive?	the following questions.		
□Yes [							Yes	□ No	Соррогии	.,			
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to		
the pregnant woman				·			nant wom		P				
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the	name of th	ne second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)		
Date last normal me	-	an <b>/21/2018</b>		Physicia	an estimate	e of gestation	on (in wee	ks)	Post fe	ertilization ag	ge of the fetus (in weeks)		
How were the gesta			on age determin	ed?		9					7		
ULTRASOUND													
Was a waiver of cons Is the patient seeking					Was	a waiver of		on obtain		☐ Yes ☐ Harassed	■ No  Trafficked		
Full name of physic			, any or the 10110	···1115:	□ AUL	юш	Ш	COCICCU	L	_ 11a1a55CU			
DR. CAROL DELL	INGER												
Address of physicia 200 S. MERIDIAN	-	-		, city, sta	ie, ana zip	coae)							
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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	111					<u> </u>			-(-)-			· .·
Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 8	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	-			County of J	MARI	
Patient's age**	Marrie		Date of pregr	•		Educa	tion					
32		Yes ■ No		07/06/20 <sup>-</sup>	18					ociate Degr	ee	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Blac		an American	□Ur	ıknown		y anic or Latino Hispanic or L		Unknown
Live Births:		fumber now living	0		-			ber now d		0	*******	
Other Termination	ns: N	fumber of spontaneo					Numl	ber of ind	uced termi	inations		
Dates of termination		ot include this termir	<b>0</b> nation. If more t	han six (6	), those m	ost recent.)				0		
1	:	2	3			4		5			6	
Fetus delivered alive		If yes, length of to	ime fetus surviv	red:					y preexisting cate the about		ditions of th	ne patient that may
								N/A				
Fetus viable?		If viable, medical	reason for term	ination:					Compli	action(s) of D	raamanay T	
☐ Yes ■	No								None	cation(s) of P	-	erforation
								_	Hemorrhag	_		Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained	Products
performed?	No								Other (Spe	cify)		
								Did thi	s terminati	on of pregnar	ncy result in	a maternal death?
								☐ Ye			- result in	- a maternar death.
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy		71		Additional Pr	rocedur	e that Ter	minated P	regnancy		
☐ Medical (Nons	urgical)	Mifepristone				☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						
Medical (Nonsi								Aisoprosto Other (Spec				
	other (speety)	ingiour) (	other (spec	-937								
E W.E. LOI	1	1	C 11			E M E 1/	O.I.	10	1	41 6 11		at
For Medical (Nonsu Check the box indic				estion		For Medical ( Check the bo						uon
		ructions provided to	the patient			_				ovided to the	patient	
The patient sign									itient agree			
■ Medical (Surgi ■ Medical (Surgi		tion Curettage nstrual Aspiration				☐ Medical ☐ Medical			ion Curetta strual Aspi			
Medical (Surgi									r (Specify)			
For Medical (Surgic	cal) proce	edures, answer the fo	ollowing question	on.		For Medical	(Surgic	al) proced	dures, answ	ver the follow	ing questio	 n.
Was the fetus viab	le or hav	e a post fertilization	age at least 20	weeks?						rtilization age		
Yes If the previous ques	■ No	anguared was comm	lata tha fallawi	na augstia	ang.	If the previou	-	☐ No	nawarad w	vas aamnlata	tha fallowir	ag questions
		opportunity to survi		ng quesno	)IIS.		•		-	ty to survive?	ille followii	ig questions.
	□No	11 ,					Yes [		оррогия	ey to survive.		
		determination that				What was	the ba	asis for	determina	tion that the	pregnant	woman had a
condition that requ the pregnant woman		procedure to avert	death or serious	s impairm	ent to	condition the the pregnan			procedure	to avert deat	h or seriou	s impairment to
life pregnant woman						the pregnan	it woma	1111				
List the name of the <b>N/A</b>	second d	loctor present, as requ	iired under IC 16	5-34-2-3(a)	)(3)	List the nam	e of the	e second	doctor pre	sent, as requi	red under I	C 16-34-2-3(a)(3)
Date last normal me	enses hee	an		Physicis	an estimat	e of gestation (i	in week	(s)	Post fe	ertilization ag	e of the feti	IS (in weeks)
	-	05/2018				13		~/			11	()
How were the gesta	tional ag	e and post fertilization	on age determin	ed?					•			
ULTRASOUND												
Was a waiver of cons					Was	a waiver of not	tificatio	n obtaine	ed?	☐ Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	g any of the follo	owing?	☐ Abı	ısed		Coerced		Harassed	☐ Traf	ficked
Full name of physic	•	orming termination										
Address of physicia		ning termination (m	umber and stree	t city star	te and zin	(code)						
200 S. MERIDIAN	-	-		i, ciry, siai	л, ана др	couc)						
		•										
duda =			1.6									
**Date Reported	to DCS	s, if Patient under	16 (month, day	, year):						_		

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Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna				County of pr	regnancy tern		
Patient's age**	Morris	, d	Date of pregn	ancy term	ination	Educa	tion						
30	Marrie [	ed ■ Yes □ No	1 0	07/06/20 <sup>4</sup>		Educa	tion	Higl	h Schoo	ol Diploma	or GED		
Race American Indian Native Hawaiian	n or Othe		Asian White	☐ Blac		an American			Not H	nic or Latino Hispanic or La	tino [	Unknown	
Live Births:			2							0			
Other Termination	18:	umber of spontaneo	1				Numi	per of induce	ed termir	nations <b>0</b>			
Dates of termination 2012	ns ( <i>Do no</i>	ot include this termin		, ,		*		5			6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:				complicate			litions of the p	patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				N/A					
Yes •	No	ii viaoic, incuicai	reason for term	illiation.					Complic	ation(s) of Pro	egnancy Tern	nination	
								■ Nor	ne		Uterine Perf	oration	
Pathological examir	nation	If yes, results:						☐ Her	norrhage	e 🗆	Cervical Lac		
performed?	iation	ii yes, iesuits.							ection		Retained Pro	oducts	
☐ Yes ■	No							Oth	er (Spec	rify)			
											cy result in a	maternal death?	
								Yes	■ No	)			
				Type	of Termi	nation Procedu	res	edure that Terminated Pregnancy					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedur	e that Termi	nated Pr	egnancy			
Medical (Nons     Medical (Nons					☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol								
Medical (Nons													
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)													
For Medical (Nonsu	rgical) n	rocedures, answer th	e following au	estion		For Medical (	Nonsui	gical) proced	dures an	swer the follo	owing questio	n	
		e following items we				Check the bo	x indic	ating the fol	lowing i	items were co	mpleted		
		ructions provided to	the patient						-	vided to the p	atient		
The patient sign  Medical (Surgi								eal) Suction					
Medical (Surgi	cal) Mei	nstrual Aspiration				☐ Medical	(Surgio	al) Menstru	ıal Aspir				
Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgio	cal) Other (S	Specify)				
For Medical (Surgic	cal) proce	edures, answer the fo	ollowing question	on.		For Medical	(Surgic	al) procedure	es. answ	er the followi	ng question.		
, •		e a post fertilization	• 1							tilization age		eks?	
	□ No		1-4- 4b 6-11			TE 4b a sussession	_	] No			C-11i		
		answered yes, comp opportunity to survi		ng questio	ns.	If the previou	-		-	s, complete the y to survive?	ne following	questions.	
	□No						Yes [		portunity	y to survive:			
What was the ba	sis for	determination that	the pregnant	woman ł	nad a	What was	the ba	sis for det	erminati	ion that the	pregnant w	oman had a	
		procedure to avert	death or serious	s impairm	ent to	condition tl	hat requ	aired the pro				mpairment to	
the pregnant woman	11?					the pregnan	t woma	n?					
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second doc	tor prese	ent, as require	ed under IC 1	6-34-2-3(a)(3)	
Details to 1				Di				_\ T	D C	-4:11: e*	-£4l. C :	· · · · · · · · · · · · · · · · · · ·	
Date last normal me	_	<sub>(an</sub> (06/2018		Physicia	ın estimat	e of gestation (i	п wеек	s)	Post lei	rtilization age	7	in weeks)	
How were the gesta			on age determin	ed?									
ULTRASOUND													
Was a waiver of cons	sent obtai	ned?	s • N	No	Was	a waiver of not	ificatio	n obtained?		Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	g any of the follo	owing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficl	ked	
Full name of physic	ian perfo	orming termination											
DR. CAROL DELL													
Address of physicia 200 S. MERIDIAN	-	_		t, city, stat	te, and zip	code)							
200 G. WENDIAN	JI, INL	AMERICALIO, IN 4											
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_			

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination MARION	
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educa	tion					
18		☐ Yes ■ No	(	07/06/201	18					ollege, No D	Degree	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Blac		an American	_	known	■ Not I	/ anic or Latino Hispanic or La		
Live Births:	N	umber now living	0					er now d		0		
Other Termination	ns:	umber of spontaneou	is terminations 1				Numb	er of ind	uced termi	nations <b>1</b>		
Dates of termination  1. UNKNOWN		ot include this termin UNKNOWN				ost recent.) 4		5			6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:				-	preexisting preexi	-	nditions of the patient that may	
F ( 110		76 : 11 1: 1	<u> </u>					N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:					Complic	cation(s) of P	Pregnancy Termination	
								■ 1	None		Uterine Perforation	
Pathological examin	nation	If yes, results:						☐ I	Hemorrhag	е 🗆	Cervical Laceration	
performed?	iation	ii yes, iesuits.							nfection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal death?	
		<u> </u>						☐ Ye	s I N	υ		
				Туре	of Termi	nation Procedur						
Procedure that Term						Additional Pr				•		
☐ Medical (Nonsi					☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol							
Medical (Nonsi				Medical (Nonsurgical) Misoprostoi  Medical (Nonsurgical) Other (Specify)								
For Medical (Nonsurgical) procedures, answer the following question  For Medical (Nonsurgical) procedures, answer the following question												
		e following items we				Check the bo	x indica	ating the	following	items were c	completed	
		ructions provided to	the patient						ictions pro tient agree	vided to the p	patient	
The patient sign  Medical (Surgion									on Curetta			
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspi			
Medical (Surgi	cal) Oth	er (Specify)				Medical	(Surgic	al) Othe	r (Specify)			
For Medical (Surgic	cal) proce	edures, answer the fo	llowing questio	n.		For Medical (	Surgica	al) proced	lures, answ	er the follow	ving question.	
		e a post fertilization	age at least 20 v	weeks?					e a post fer	tilization age	e at least 20 weeks?	
	■ No tion was	answered yes, compl	lete the following	ng questio	ns.	☐ Y  If the previou		] No ion was a	nswered ye	es, complete t	the following questions.	
Was the fetus given	the best	opportunity to surviv		<i>C</i> 1		Was the fett	ıs giver	the best	-	y to survive?	= =	
☐Yes [	□No					☐ Y	es [	No				
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to	
the pregnant woman	n?					the pregnan			-		•	
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second o	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
N/A				1 =					1			
Date last normal me	-	an <b>23/2018</b>		Physicia	ın estimat	e of gestation (i	n week:	5)	Post fe	rtilization age	ge of the fetus (in weeks)  9	
How were the gestar		e and post fertilization	on age determin	ed?		••						
ULTRASOUND	_											
Was a waiver of cons	sent obtain	ned?	: • N	lo	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being			☐ Abı	ısed		oerced		Harassed	Trafficked	
Full name of physic DR. CAROL DELL	-	rming termination										
Address of physicia	n perforn	ning termination (nu		t, city, stat	e, and zip	code)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	5225									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of pregna	•			County of p	oregnancy ter	
Patient's age**	Marrie		Date of pregn	ancy term	ination	Educa	tion					
Race		Yes ■ No		07/06/201	18				Ethnicity	Unknown ,		
☐ American Indian ☐ Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	Hispa	anic or Latino Hispanic or L	o atino	Unknown
Live Births:		umber now living	0						leceased	0		
Other Termination	15.	umber of spontaneou	0				Numb	er of ind	luced termi	nations <b>0</b>		
Dates of termination			v			*		_				
Fetus delivered alive	e?	If yes, length of ti				4			y preexistin	-	ditions of the	patient that may
								N/A				
Fetus viable?  Yes  I	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Ter	mination
	INO							•	None		Uterine Per	
Pathological examin	ation	If yes, results:							Hemorrhag	e 🗆	Cervical La	
performed?		ii yes, iesuits.						_	Infection	:c)	Retained P	roducts
☐ Yes ■	No								Other (Spec	cify)		
								Did thi	s terminati s 🔳 N		icy result in a	a maternal death?
				Туре	of Termi	nation Procedur	es					
Procedure that Term	ninated P	regnancy		• •		Additional Pr	ocedure	that Te	rminated P	regnancy		
Medical (Nonsu					Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Misporrostol  Medical (Nonsurgical) Misporrostol							
☐ Medical (Nonsu ☐ Medical (Nonsu				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
For Medical (Nonsur				estion		For Medical (						on
Check the box indic  The manufactur	-	•	•			Check the bo				vided to the		
☐ The patient signed			F			☐ The patie	nt sign	ed the pa	atient agree	ment		
Medical (Surgio		tion Curettage istrual Aspiration							ion Curetta strual Aspi			
Medical (Surgio									er (Specify)	iution		
For Medical (Surgice	al) proce	dures, answer the fo	llowing question	n.		For Medical (	Surgica	ıl) proce	dures, answ	er the follow	ing question	
	le or have	e a post fertilization	age at least 20 v	weeks?		Was the fet  ☐ Y		le or hav ] No	e a post fer	tilization age	at least 20 w	veeks?
If the previous quest		answered yes, comp	lete the following	ng questio	ns.	If the previou			nswered y	es, complete	the following	questions.
	the best No	opportunity to surviv	ve?				ıs given Yes [		opportunit	y to survive?		
		datarmination that	the program	vvoman k	ad a							
	ired the	determination that procedure to avert of					nat requ	ired the				woman had a impairment to
	second d	octor present, as requi	ired under IC 16	i-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requi	red under IC	16-34-2-3(a)(3)
N/A				Di				- \	D : 2		£41 - C :	(in an I )
Date last normal me	_	an <b>25/2018</b>		Physicia	ın estimat	e of gestation (i	n weeks	i)	Post fe	rtilization ag	e of the fetus	(in weeks)
How were the gestat	tional age	e and post fertilization	on age determin	ed?					1			
Was a waiver of conse	ant aktai	20d9 🗆 🕶	FF -	T	117	a waiver of not	: fi = -1'	n al-t	- d0	Yes	<b>■</b> × ·	
Is the patient seeking					was   □ Abu		_	oerced		Harassed	■ No □ Traffic	cked
Full name of physici	ian perfo							-				
DR. CAROL DELLI Address of physician		ning termination (nu	mber and street	t, city, stat	e, and zip	code)						
200 S. MERIDIAN	-	_			- r	· 						
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):								

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268	ity or town, of pregnancy ter  INDIANAPOL	, , ,									
Patient's age** Married Date of pregnancy terminat	ion Education										
30 ☐ Yes ■ No 07/06/2018		Some College, No Degree									
Native Hawaiian or Other Pacific Islander White Other		Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown									
Live Births: Number now living 4		per now deceased <b>0</b>									
Other Terminations: Number of spontaneous terminations 1	Numl	per of induced terminations  0									
Dates of terminations (Do not include this termination. If more than six (6), the	*	56									
Fetus delivered alive?  Yes No  If yes, length of time fetus survived:		List any preexisting medical conditions of the patient that may complicate the abortion									
		N/A									
Fetus viable?  If viable, medical reason for termination:		Complication(s) of Pregnancy Termination									
		■ None ☐ Uterine Perforation									
Pathological examination		☐ Hemorrhage ☐ Cervical Laceration									
Pathological examination performed?  If yes, results:		☐ Infection ☐ Retained Products									
☐ Yes ■ No		Other (Specify)									
		Did this termination of pregnancy result in a maternal death?  Yes No									
	T										
Procedure that Terminated Pregnancy	Termination Procedures	e that Terminated Pregnancy									
Medical (Nonsurgical) Mifepristone		Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone									
Medical (Nonsurgical) Misoprostol	Medical (Nonsu	rgical) Misoprostol									
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)											
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed											
The manufacturer's instructions provided to the patient		er's instructions provided to the patient									
The patient signed the patient agreement  Medical (Surgical) Suction Curettage		eal) Suction Curettage									
Medical (Surgical) Menstrual Aspiration	Medical (Surgio	cal) Menstrual Aspiration									
Medical (Surgical) Other (Specify)	Medical (Surgio	cal) Other (Specify)									
For Medical (Surgical) procedures, answer the following question.		al) procedures, answer the following question.									
Was the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ■ No		ole or have a post fertilization age at least 20 weeks?  No									
If the previous question was answered yes, complete the following questions.		ion was answered yes, complete the following questions.									
Was the fetus given the best opportunity to survive?  ☐ Yes ☐ No		n the best opportunity to survive?									
	☐ Yes ☐										
What was the basis for determination that the pregnant woman had condition that required the procedure to avert death or serious impairment the pregnant woman?		asis for determination that the pregnant woman had a aired the procedure to avert death or serious impairment to n?									
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3) <b>N/A</b>	List the name of the	e second doctor present, as required under IC 16-34-2-3(a)(3)									
	stimate of gestation (in week	_									
UNKNOWN  How were the gestational age and post fertilization age determined?	12	10									
ULTRASOUND											
Was a waiver of consent obtained? Yes No	Was a waiver of notification	n obtained?									
	Abused	Coerced Harassed Trafficked									
Full name of physician performing termination DR. CAROL DELLINGER											
Address of physician performing termination (number and street, city, state, at 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	nd zip code)										
**Date Reported to DCS, if Patient under 16 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Reports for all other patients shall be submitted to the Indiana State Department of Health no later than 30 days after each termination is

		<u> </u>	ume as required is a C		<u> </u>		`	۱).	1 -			
Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	ncy term			County of pregnancy termination MARION			
Patient's age** 21	Marrie [	d ☐ Yes ■ No	Date of pregnancy term <b>07/06/20</b>		Educa	tion	Hig	h Scho	ool Diploma or GED			
Race American Indian Native Hawaiian Live Births:	n or Othe	ka Native r Pacific Islander umber now living	☐ Asian ☐ Blac ☐ White ☐ Othe		n American	Unk	[	■ Not	y vanic or Latino Hispanic or Latino  Unknow			
Other Termination	ns: N	umber of spontaneou	us terminations			Numbe	er of induce	ed term				
Dates of termination	ns (Do no	t include this termin	ation. If more than six (6	), those mo	st recent.)				U			
1	2	·	3	4	k		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				complicate		ng medical conditions of the patient that ortion			
Fetus viable?		If viable, medical	reason for termination:				N/A					
Yes Yes	No	ii viaole, incarcar	reason for termination.				■ No	ne	cation(s) of Pregnancy Termination  Uterine Perforation			
Pathological examin performed?		If yes, results:					☐ Infe	morrhagection ner (Spe	☐ Retained Products			
							Did this to	erminati	ion of pregnancy result in a maternal d			
			Туре	e of Termin	ation Procedu	res						
Procedure that Term	ninated P	regnancy	<u> </u>		Additional Pr		that Termi	nated P	regnancy			
☐ Medical (Nonsi					☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol							
Medical (Nonsi							gical) Oth					
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration												
Medical (Surgio					Medical (Surgical) Other (Specify)							
For Medical (Surgic Was the fetus viab	le or have		llowing question. age at least 20 weeks?		Was the fet		e or have a		wer the following question. ertilization age at least 20 weeks?			
If the previous quest	tion was the best	answered yes, comp opportunity to survi	lete the following questic ve?	ons.	Was the fett	-	the best op	-	ves, complete the following questions. ity to survive?			
	ired the		the pregnant woman leath or serious impairm			hat requi	red the pro		tion that the pregnant woman had to avert death or serious impairment			
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16-34-2-3(a)	)(3)	List the nam	e of the s	second doo	ctor pre	sent, as required under IC 16-34-2-3(			
Date last normal me	_	an 19/2018	Physicia	an estimate	of gestation (i	n weeks)	)	Post fo	ertilization age of the fetus (in weeks)  6			
How were the gestar ULTRASOUND	tional age	e and post fertilization	on age determined?									
Was a waiver of cons	ent obtain	ned?	s • No	Was a	waiver of not	ification	obtained?		☐ Yes ■ No			
Is the patient seeking	an aborti	on as a result of being	any of the following?	☐ Abus	sed	☐ Co	perced		Harassed Trafficked			
Full name of physic DR. CAROL DELL	_	rming termination										
Address of physicial 200 S. MERIDIAN	-	-	mber and street, city, sta 6 <b>225</b>	te, and zip	code)							
**Date Renorted	to DCS	if Patient under	6 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH - VITAL RECORDS

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Reports for all other patients shall be submitted to the Indiana State Department of Health no later than 30 days after each termination is performed. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5(d). City or town, of pregnancy termination Facility Name and Address
PIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 County of pregnancy termination **INDIANAPOLIS** MARION Patient's age\*\* Date of pregnancy termination Education Married 21 ■ Yes ☐ No High School Diploma or GED 07/06/2018 Ethnicity Asian
White ☐ American Indian or Alaska Native ☐ Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander Not Hispanic or Latino Unknown Other ☐ Unknown Number now living Number now deceased Live Births: Number of induced terminations Number of spontaneous terminations Other Terminations: Dates of terminations (Do not include this termination. If more than six (6), those most recent.) List any preexisting medical conditions of the patient that may Fetus delivered alive? If yes, length of time fetus survived: complicate the abortion ☐ Yes ■ No Fetus viable? If viable, medical reason for termination: Complication(s) of Pregnancy Termination ☐ Yes ■ No ☐ Uterine Perforation ■ None Cervical Laceration Hemorrhage Pathological examination If yes, results: □ Retained Products Infection performed? ☐ Other (Specify) ☐ Yes ■ No Did this termination of pregnancy result in a maternal death? ☐ Yes Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprosion
☐ Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) For Medical (Nonsurgical) procedures, answer the following question For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed Check the box indicating the following items were completed ■ The manufacturer's instructions provided to the patient ☐ The manufacturer's instructions provided to the patient ■ The patient signed the patient agreement The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) For Medical (Surgical) procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? ☐ Yes ☐ No ☐Yes ☐No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? the pregnant woman? List the name of the second doctor present, as required under IC 16-34-2-3(a)(3) List the name of the second doctor present, as required under IC 16-34-2-3(a)(3) Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) UNKNOWN 5 How were the gestational age and post fertilization age determined? ULTRASOUND Was a waiver of consent obtained? ■ No ☐ Yes ■ No Was a waiver of notification obtained? ☐ Yes Is the patient seeking an abortion as a result of being any of the following? ☐ Abused ☐ Coerced ☐ Harassed ☐ Trafficked Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225

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Facility Name and A PPIN-GEORGETOWN OR	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN,					town, of pregr	nancy ter			County of pregnancy termination MARION	
Patient's age** 32	Marrie [	d ☐ Yes ■ No	Date of pregna	ncy term 7/06/20		Educ	eation	,	Asso	ciate Degree	
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		nknown	Not H	nic or Latino Unkno	wn
Live Births:		umber now living	1					per now deceas		0	
Other Termination	13.	umber of spontaneou	0				Numt	per of induced	termir	ations <b>0</b>	
Dates of termination	ns (Do no	ot include this termin	ation. If more th	an six (6	), those m	ost recent.)		5		6	
Fetus delivered alive		If yes, length of ti		ed:		<del></del>		List any pree complicate th		medical conditions of the patient that tion	nt may
Fetus viable?		If viable, medical	rangen for termi	nation:				N/A			
Yes Yes	No	ii viabie, medicai	reason for termi	nation:				■ None	-	ation(s) of Pregnancy Termination  Uterine Perforation	
Pathological examin	nation	If yes, results:						☐ Hemo	_	Cervical Laceration  Retained Products	
performed?  Yes	No							Other		_	
									inatio	n of pregnancy result in a maternal	death?
				Туре	nation Proced	ures					
Procedure that Term	egnancy										
Medical (Nonsum Medical (Nonsu	Misoprostol		ıl (Nonsu	rgical) Mifepa rgical) Misopargical) Other	rostol						
Check the box indic  The manufactur	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient										
☐ Medical (Surgion Med	cal) Mer	nstrual Aspiration				☐ Medica	ıl (Surgic	cal) Suction Cucal) Menstrual cal) Other (Spe	Aspir		
		edures, answer the fo				Was the	etus viab			er the following question. ilization age at least 20 weeks?	
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		g questic	ons.	Was the fe	-	n the best oppo	-	s, complete the following questions to survive?	
	ired the	determination that procedure to avert of					that requ	aired the proce		on that the pregnant woman has o avert death or serious impairme	
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	)(3)	List the na	ne of the	e second doctor	pres	ent, as required under IC 16-34-2-3	(a)(3)
Date last normal me	_	an 19/2018		Physicia	an estimat	e of gestation 9	(in week.	s) P	ost fe	tilization age of the fetus (in weeks 7	)
How were the gestat	tional ag	e and post fertilization	on age determine	ed?							
Was a waiver of cons		10.				a waiver of n				Yes ■ No	
Is the patient seeking			g any of the follow	wing'?	☐ Abı	ısed		Coerced		Harassed Trafficked	
Full name of physics  DR. CAROL DELL	_	rming termination									
Address of physician 200 S. MERIDIAN	-	-		city, sta	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	City or	town, of pregna	•			County of	pregnancy t	termination	
Patient's age**	Marrie	ed	Date of pregn	ancy term	ination	Educa	tion					
39	_	Yes No	(	07/06/20 <sup>-</sup>	18					nelor's Deg	ree	
Race American India Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ White	☐ Blac ■ Othe		an American		known	■ Not I	y anic or Latin Hispanic or L		☐ Unknown
Live Births:	N	umber now living	4				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi	inations <b>0</b>		
Dates of termination 1. 2006	ns (Do no	ot include this termin	v	, ,		ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of the	he patient that may
								N/A				
Fetus viable?	NI-	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy T	`ermination
☐ Yes ■	No								None		Uterine F	
									Hemorrhag	_		Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained	Products
Yes •	No								Other (Spec	cify)		
											ncy result i	n a maternal death?
								☐ Ye	s 🔳 N	0		
				Type	of Termi	nation Procedur	res					
Procedure that Term						Additional Pr				•		
☐ Medical (Nonsurgical) Mifepristone       ☐ Medical (Nonsurgical) Mifepristone         ☐ Medical (Nonsurgical) Misoprostol       ☐ Medical (Nonsurgical) Misoprostol         ☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)												
For Medical (Nonsu	ırgical) pı	rocedures, answer the	e following que	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the fol	lowing ques	stion
	_	e following items we	-			Check the bo		_	_	items were ovided to the	-	
☐ The manufactur☐ The patient sign		ructions provided to tient agreement	tne patient						atient agree		patient	
Medical (Surgi									ion Curetta			
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi er (Specify)			
	our) our	or (Specify)					(Suigit	ui) 0 iii	и (Бресцуу			
		· · · · · · · · · · · · · · · · · · ·										
		edures, answer the fo				For Medical (						
	e of flavo	e a post fertilization	age at least 20	weeks?			'es [		e a post lei	rtilization age	; at least 20	weeks?
		answered yes, compl		ng questio	ns.	If the previou	-		-	_		ng questions.
	n the best ☐No	opportunity to surviv	ve'?				us giver Yes 🛭		t opportunit	ty to survive?		
		determination that	the pregnant	woman l	ad a			_	1	ar ar ar ar		1.1
condition that requ	iired the	procedure to avert of										woman had a us impairment to
the pregnant woman	n?					the pregnan						
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under I	C 16-34-2-3(a)(3)
N/A				D				-1	D			
Date last normal me	-	an <b>29/2018</b>		rnysicia	ııı estimat	e of gestation (i	n weeks	<i>s)</i>	Post fe	atunzation ag	ge of the feti	us (in weeks)
How were the gesta	tional age	e and post fertilization	on age determin	ed?					1			
ULTRASOUND												
Was a waiver of cons	sent obtain	ned?	: I N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	Abu	ısed	□ C	Coerced		Harassed	Traf	fficked
Full name of physic	-	rming termination										
DR. CAROL DELL Address of physicia		ning termination (nu	mber and stree	t. citv stat	e, and zin	(code)						
200 S. MERIDIAN	-	=		.,y, sıul	-, anu 4.1P	2000)						
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	City or	town, of pregna				County of p	pregnancy termination  MARION	
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion		<del></del>		
23	[	Yes No	(	07/06/201	18			H		ool Diploma	or GED
Race American Indiar Native Hawaiiar	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Blac  Othe		an American		known	☐ Not 1	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	1						deceased	0	
Other Termination	ns: N	umber of spontaneou	us terminations 1				Numb	per of inc	luced termi	inations <b>0</b>	
Dates of termination  1. UNKNOWN		t include this termin	*					5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
Fetus viable?		If-i-bl ii-l		·				N/A			
Yes Yes	No	If viable, medical	reason for term	iination:					Compli	cation(s) of Pr	regnancy Termination
								•	None		Uterine Perforation
Pathological examin	nation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration
performed?		11 y 65, 1654115.							Infection	المنور	Retained Products
☐ Yes ■	No								Other (Spe	сіју)	
								Did thi ☐ Ye	s terminati		ncy result in a maternal death?
				Tuna	of Termi	nation Procedur	reg		<del>_</del> _		
Procedure that Term	ninated P	regnancv		1 уре	OI ICIIIII	Additional Pr		e that Te	rminated P	regnancy	
Medical (Nonsu									Mifepriston		
Medical (Nonsu									Misoprosto Other (Spec		
iviculcai (i voiist	urgicar)	other (specify)				Wiedicar	(1voiisu	ingical) (	other (spec	.1) y )	
For Medical (Name)	raigal) nu	ra anduras, anguvar th	a fallowing ava	ation		For Madical (	Nanaum	raisal) mu	aaaduwaa a	navvar tha fall	lavvina avastian
For Medical (Nonsu Check the box indic				estion		Check the bo					lowing question completed
		uctions provided to	the patient						_	ovided to the p	patient
The patient sign									atient agree ion Curetta		
Medical (Surgio	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration	
☐ Medical (Surgio	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)		
For Medical (Surgic	al) proce	dures, answer the fo	llowing question	n.		For Medical (	Surgica	al) proce	dures, ansv	ver the follow	ring question.
		e a post fertilization	age at least 20 v	weeks?					e a post fe	rtilization age	e at least 20 weeks?
Yes [ If the previous quest	☐ No tion was	answered yes, comp	lete the following	ng questio	ns.	☐ Y  If the previou		☐ No ion was a	answered y	es, complete t	the following questions.
Was the fetus given	the best	opportunity to surviv		<i>C</i> 1		Was the fett	ıs giver	the best	•	ty to survive?	• •
□Yes [	□No					L	Yes [	No			
		determination that procedure to avert of									e pregnant woman had a
the pregnant woman		procedure to avert e	icatii or scrious	я ппранти	ciit to	the pregnan			procedure	to avert deat	th or serious impairment to
List the name of the	second de	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
					•				•		
Date last normal me	_			Physicia	n estimat	e of gestation (i	n weeks	5)	Post fe	ertilization age	e of the fetus (in weeks)
How were the gestat		28/2018 e and post fertilization	on age determin	ed?		9					7
ULTRASOUND	480	a post fortinzutio	450 4001111111								
Was a waiver of cons	ent obtair	ned?	. I N	lo	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No
Is the patient seeking	an abortio				☐ Abı			Coerced		Harassed	☐ Trafficked
Full name of physic	-	rming termination					-		·		
DR. CAROL DELL Address of physician		ning termination (nu	mhar and straa	t city stat	e and zin	code)					
200 S. MERIDIAN	-	-		, cuy, siai	с, ини дір	· coue)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):_							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	City or	town, of pregna	•			County of	pregnancy termination  MARION		
Patient's age**	Marrie	ed.	Date of pregn	ancy term	ination	Educa	tion			I		
23	_	Yes No		07/06/20 <sup>-</sup>					Some Co	ollege, No I	Degree	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	■ Blac		an American		known	■ Not I	y anic or Latin Hispanic or I		/n
Live Births:	N	umber now living	1				Numb	er now o	leceased	0		
Other Termination	ns:	umber of spontaneou	us terminations				Numb	er of ind	uced termi	nations 1		
Dates of termination  1. UNKNOWN		ot include this termin	ation. If more t					5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin		nditions of the patient that	may
								N/A				
Fetus viable?	NI-	If viable, medical	reason for term	ination:					Compli	cation(s) of F	Pregnancy Termination	
☐ Yes ■	No								None		Uterine Perforation	
								_	Hemorrhag		Cervical Laceration	
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products	
Yes •	No								Other (Spec	cify)		
											ncy result in a maternal d	death?
								☐ Ye	s 🖪 N	0		
				Type	of Termi	nation Procedur	res					
Procedure that Term		•				Additional Pr				•		
☐ Medical (Nonsurgical)       Mifepristone         ☐ Medical (Nonsurgical)       Misoprostol         ☐ Medical (Nonsurgical)       Misoprostol         ☐ Medical (Nonsurgical)       Misoprostol												
Medical (Nons					Medical (Nonsurgical) Misoprosion  Medical (Nonsurgical) Other (Specify)							
For Medical (Nonsu				estion							lowing question	
Check the box indic	-	_	_			Check the bo		_	_	items were ovided to the	•	
☐ The manufactur☐ The patient sign		ructions provided to tient agreement	the patient						atient agree		patient	
Medical (Surgi	cal) Suc	tion Curettage							ion Curetta			
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi r (Specify)			
	<b>v</b> ar) 0 tr	ar (Speedy)					(Suigie	ui) 0 uii	r (Speedy))			
For Medical (Surgic											ving question.	
	Ie of flav	e a post fertilization	age at least 20	weeks?			es [		e a post iei	umzauon age	e at least 20 weeks?	
		answered yes, comp		ng questio	ns.	_	_		-	_	the following questions.	
	n the best □No	opportunity to survi	ve'?				us giver Yes 🏻 🖺		opportunit	ty to survive?	ı	
		determination that	the pregnant	woman l	ad a			_	1.4	e a a		1
condition that requ	iired the	procedure to avert of									e pregnant woman had th or serious impairment	
the pregnant woman	n?					the pregnan	t woma	n?				
	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	ired under IC 16-34-2-3(	(a)(3)
N/A				D				-1	D . C			
Date last normal me	_	an <b>01/2018</b>		Physicia	ın estimat	e of gestation (i	n weeks	5)	Post fe	runzation ag	ge of the fetus (in weeks) 7	
How were the gesta	tional ag	e and post fertilization	on age determin	ed?					1			
ULTRASOUND												
Was a waiver of cons	sent obtain	ned?	s • N	No	Was	a waiver of not	tificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	-
Full name of physic	-	rming termination										
DR. CAROL DELL Address of physicia		ning termination (nu	mher and stree	t. city stat	te. and zin	(code)						
200 S. MERIDIAN	-	=		.,y, sıul	-, anu 41P							
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	IN, 46268	City or	town, of pregna				County of p	pregnancy termination MARION		
Patient's age**	Marrie	ed .	Date of pregn	ancy term	ination	Educa	tion				
21		Yes ■ No	(	07/06/201	18			ŀ		ool Diploma	or GED
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	2						deceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	er of inc	luced termi	inations 1	
Dates of termination 1. <b>09/2015</b>		ot include this termin	*					5			6
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
F ( 11.0		TC : 11	<u> </u>					N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:				=====	Compli	cation(s) of P	regnancy Termination
									None		Uterine Perforation
Pathological examin	nation	If yes, results:							Hemorrhag	ge 🗆	Cervical Laceration
performed?	iation	ii yes, iesuits.						_	Infection		Retained Products
☐ Yes ■	No								Other (Spec	cify)	
								Did thi	s terminati		ncy result in a maternal death?
		1						☐ Ye	s 🔳 N	U	
				Туре	of Termi	nation Procedur					
Procedure that Term		• •				Additional Pr					
☐ Medical (Nons ☐ Medical (Nons								Mifepriston Misoprosto			
Medical (Nons					Other (Spec						
		rocedures, answer the following items we		estion		For Medical ( Check the bo					lowing question
		ructions provided to	_					_	_	ovided to the	= -
☐ The patient sign			F						atient agree	-	
Medical (Surgi									ion Curetta		
Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi er ( <i>Specify</i> )		
E M-di1 (Ci	1)	J 41 - 6	11			F 16 E 1	(G :	1)		4 6 11	<del></del>
		edures, answer the for e a post fertilization				For Medical (	-				ring question. e at least 20 weeks?
	■ No	e a post fertilization	age at least 20	WCCK5.		Y as the let		No	e a post ici	itinzation age	tat least 20 weeks:
		answered yes, comp		ng questio	ns.	_	-		-	-	the following questions.
	i the best ☐No	opportunity to surviv	ve?				ıs giver Yes [		t opportunit	ty to survive?	
	_	determination that	the pregnant	woman k	nad a				datarmin	tion that the	a pragnant woman had a
condition that requ	aired the	procedure to avert of				condition th	nat requ	ired the			e pregnant woman had a th or serious impairment to
the pregnant woman	n?					the pregnan	t woma	n?			
	second de	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
N/A  Data last normal ma	mas=1	on		Dl ·	m o-4:- ·	o of at-1	1	~ )	n c	antilia-4:-	o of the feture (in the late)
Date last normal me	_	an KNOWN		FHYSICI	ui estimat	e of gestation (i	п wеек	· <i>)</i>	rost ie	линzаиоп ago	e of the fetus (in weeks)  6
How were the gesta	tional ago	e and post fertilization	on age determin	ed?							
ULTRASOUND											
Was a waiver of cons					Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	used		oerced		Harassed	☐ Trafficked
Full name of physic DR. CAROL DELL	-	rming termination									
		ning termination (nu	mber and street	t, city, stat	e, and zip	code)					
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	6225								
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	ÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268							mination		County of p	regnancy termination  MARION
Patient's age**	Marrie	d	Date of pregr	nancy term	ination	Educa	tion			•	
Race		Yes No		07/06/201	18			Н	igh Scho	ol Diploma	or GED
☐ American Indiar ☐ Native Hawaiiar	or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		nknown	☐ Hispa ■ Not I	v anic or Latino Hispanic or La	atino 🔲 Unknown
Live Births:	N	umber now living	1				Numl	ber now d	eceased	0	
Other Termination	ns: N	umber of spontaneou	us terminations				Numl	ber of indi	uced termi	nations <b>0</b>	
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)	I				
1	2		3			4		5		1: 1	6
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:				-	ate the abo	-	ditions of the patient that may
Fetus viable?		If viable, medical	rangan for tarm	ination:				N/A			
Yes Yes	No	ii viable, medical	reason for term	imation:				-	Compli	cation(s) of Pr	regnancy Termination
								_	None		
Pathological examin	nation	If yes, results:							Hemorrhag nfection	ge 📙	Cervical Laceration Retained Products
performed?	No								other (Spec	_	Retained Floudets
☐ Yes ■	NO								(~ <i>p</i> · ·	-927	
								Did this			cy result in a maternal death?
				Tyma	of Termi	nation Procedu	rac				
Procedure that Term	ninated P	regnancy		Турс	OI TEIIIII	Additional P		e that Ter	minated P	regnancy	
☐ Medical (Nonst									lifepriston		
Medical (Nonsu						☐ Medical ☐ Medical	(Nonsu	irgical) M	lisoprosto ther (Spec	l cify)	
		(~F					(	B	(~ <i>I</i>	357	
Check the box indic	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient										
The patient sign									tient agree		
	cal) Mer	nstrual Aspiration					(Surgio	cal) Mens	trual Aspi		
Medical (Surgio	cal) Oth	er (Specify)				Medical	(Surgio	cal) Other	(Specify)		
	le or hav	edures, answer the fo e a post fertilization					tus viab			ver the following tilization age	ing question. at least 20 weeks?
Yes [ If the previous quest	■ No tion was	answered yes, comp	lete the followi	ng questio	ns.	_	_	_	nswered y	es, complete t	he following questions.
	the best No	opportunity to survi	ve?				us givei Yes [		opportunit	ty to survive?	
	ired the	determination that procedure to avert					hat requ	uired the			pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second d	loctor pres	sent, as requir	ed under IC 16-34-2-3(a)(3)
N/A											
Date last normal me	_	an <b>05/2018</b>		Physicia	n estimat	e of gestation (	in week	s)	Post fe	ertilization age	e of the fetus (in weeks)  11
How were the gestate	tional ag	e and post fertilization	on age determir	ned?					·		
Was a waiver of cons	ent obtain	ned?	s • 1	No	Was	a waiver of no	tificatio	n obtaine	d?	Yes	■ No
Is the patient seeking			g any of the follo	owing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physics		rming termination									
Address of physician		ning termination (nu	mber and stree	t, city, stat	e, and zip	code)					
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 4	6225								
**Date Reported	to DCS	, if Patient under	16 (month, day	, year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PPIN-GEORGETOWN OR	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN,					town, of pregn	ancy teri		Coun	ty of pregnancy termination  MARION
Patient's age** 32	Marrie	d ☐ Yes ■ No	Date of pregna	ancy term 07/06/20		Educa	ation	В	achelor's	Degree
	or Othe	ka Native r Pacific Islander umber now living	Asian White	☐ Blac		an American			ispanic or lot Hispanic	Latino c or Latino
Live Births:			2					per of induced to		0
Other Termination	15.	umber of spontaneo	0				Nullic	ber of induced to	Tillilations	0
Dates of termination	is ( <i>Do no</i> 2	t include this termin	ation. If more th	han six (6	), those m	ost recent.)		5		6
Fetus delivered alive		If yes, length of ti		ed:				List any preex complicate the		cal conditions of the patient that may
Fetus viable?		If viable, medical	rangon for torm	ination				N/A		
Yes Yes	No	ii viable, inculcat	reason for term	mation.				None None		of Pregnancy Termination  Uterine Perforation
Pathological examin	ation	If yes, results:						Hemor	Č	☐ Cervical Laceration ☐ Retained Products
performed?	No								Specify)	
									nation of pr	regnancy result in a maternal death?
				Tyne	of Termi	nation Procedu	ires			
Procedure that Term	inated P	e that Terminate	d Pregnanc	cy						
Medical (Nonsu								ırgical) Mifepri		
■ Medical (Nonsurgical) Misoprostol       □ Medical (Nonsurgical) Misoprostol         □ Medical (Nonsurgical) Other (Specify)       □ Medical (Nonsurgical) Other (Specify)										
For Medical (Nonsu Check the box indic	ating the		ere completed	estion		Check the b	ox indic		ing items v	he following question were completed o the patient
■ The patient sign	ed the pa	tient agreement	·					ned the patient a		
Medical (Surgion Medical (Surgio	cal) Mer	strual Aspiration				☐ Medica	(Surgic	cal) Suction Cu cal) Menstrual A cal) Other (Spec	spiration	
For Medical (Surgic	al) proce	dures, answer the fo	ollowing question	n.		For Medical	(Surgica	al) procedures,	nswer the f	following question.
	le or hav	e a post fertilization	age at least 20 v	weeks?		Was the fe		ole or have a pos	t fertilizatio	on age at least 20 weeks?
If the previous quest Was the fetus given  ☐ Yes	the best	answered yes, comp opportunity to survi		ng questic	ons.	Was the fe	-	n the best oppor	-	plete the following questions.
What was the ba condition that requ the pregnant woman	ired the	determination that procedure to avert					that requ	aired the proceed		at the pregnant woman had a rt death or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nan	ne of the	e second doctor	present, as	required under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>24/2018</b>		Physicia	an estimat	e of gestation (	in week:	s) Po	st fertilizati	ion age of the fetus (in weeks)
How were the gestat ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?				•		
Was a waiver of cons					Was	a waiver of no			Yes	
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed		Coerced	Haras	ssed Trafficked
Full name of physics  DR. CAROL DELL	-	rming termination								
Address of physician 200 S. MERIDIAN	-	-		t, city, sta	te, and zip	code)				
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Facility Name and Address PPIN-GEÓRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN Patient's age**  Married  Date of pregna				IN, 46268	INDIANAPOLIS				County of pr	regnancy MAR		
Patient's age** 20		ed Yes • No		ancy term 07/06/20		Educ	ation	ŀ	ligh Scho	ool Diploma	or GED	
Race American Indian Native Hawaiian			Asian White	☐ Blac		nn American	ПUn	ıknown		y anic or Latino Hispanic or La	tino	Unknown
Live Births:		Sumber now living	1		-			per now o		0		
Other Termination	ns:	Jumber of spontaneou					Numl	per of inc	luced termi			
Dates of termination	ns (Do n	ot include this termin	ation. If more to	•	**	ost recent.)		5.			6.	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexisting the about		litions of t	the patient that may
Fetus viable?		If viable, medical	f t	·4:				N/A				
Yes Yes	No	ii viable, medicai	reason for term	mation.					None	cation(s) of Pro	Uterine l	Perforation
Pathological examin	nation	If yes, results:							Hemorrhag Infection	ge 📙		Laceration Products
performed?	No								Other (Spec	cify)	Returnee	Troducts
								Did thi			cy result i	in a maternal death?
				Type	e of Termir	nation Proced	ures					
Procedure that Term	ninated I	Pregnancy		Турс	or remin	Additional		e that Te	rminated P	regnancy		
Medical (Nons									Mifepriston			
Medical (Nons Medical (Nons									Misoprosto Other (Spec			
Check the box indic	cating th	procedures, answer the following items we	ere completed	estion		Check the b	ox indic	ating the	following	nswer the follo	mpleted	estion
☐ The manufactur ☐ The patient sign		ructions provided to	the patient						uctions pro atient agree	wided to the perment	atient	
Medical (Surgi	ical) Suc	ction Curettage				☐ Medica	ıl (Surgio	al) Suct	ion Curetta	ige		
☐ Medical (Surgi		nstrual Aspiration ner (Specify)				☐ Medica	ıl (Surgic ıl (Surgic	cal) Men	strual Aspi er ( <i>Specify</i> )	ration		
		edures, answer the fo								ver the followi		
☐ Yes	■ No	-					Yes [	No		_		
Was the fetus given		answered yes, comp t opportunity to surviv		ng questio	ons.	Was the fo	-	the bes		es, complete the ty to survive?	ne followi	ng questions.
	aired the	determination that procedure to avert of					that requ	aired the				t woman had a us impairment to
List the name of the <b>N/A</b>	second o	loctor present, as requ	ired under IC 16	i-34-2-3(a)	)(3)	List the na	ne of the	e second	doctor pres	sent, as require	ed under l	IC 16-34-2-3(a)(3)
Date last normal me		gan /05/2018		Physicia	an estimate	of gestation	(in week.	s)	Post fe	ertilization age	of the fet	tus (in weeks)
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
Was a waiver of cons					Was a	a waiver of n	otificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking			any of the follo	wing?	Abu	sed		Coerced		Harassed	☐ Tra	ifficked
Full name of physic DR. CAROL DELL	_	orming termination		_			_	_				
	n perfor	ming termination (nu		t, city, stai	te, and zip	code)						
**Date Reported	to DCS	S, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	i90 GEORGETOWN ROA	IN, 46268	City or	town, of pregna				County of p	pregnancy termination MARION			
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion						
24		☐ Yes ■ No	(	07/06/201	18					ollege, No D	Degree		
Race American India Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or L			
Live Births:	N	umber now living	2					er now o		0			
Other Termination	ns: N	umber of spontaneou	us terminations <b>0</b>				Numb	per of ind	uced termi	nations 1			
Dates of termination  1. UNKNOWN		ot include this termin						5			6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo	-	nditions of the patient that may		
E 4 : 11.9		16 : 11 - 1: 1	C . 1	**				N/A					
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:					Compli	cation(s) of P	regnancy Termination		
								•	None		Uterine Perforation		
Pathological examir	nation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration		
performed?		ii yes, resuits.						_	Infection	·c.)	Retained Products		
☐ Yes ■	No							ш	Other (Spec	cify)			
								Did thi ☐ Ye	s terminati s • N		ncy result in a maternal death?		
				Trmo	of Tarmi	nation Procedur	rec						
Procedure that Term	ninated P	regnancy		туре	OI ICIIIII	Additional Procedure		e that Te	minated P	regnancy			
Medical (Nonsi									Mifepriston				
Medical (Nonsi						Misoprosto Other (Spec							
I Wicalcar (I vons	urgicar)	other (Specify)				Iviculcar	(1voiisu	ingical) (	otilei (Spec	<i>(y)</i>			
For Medical (Noney	uraiaal) m	raaaduraa anguvar th	a fallowing ava	ation		For Madical (	Nanaum	raisal) mr	andura a	navvar tha fall	lowing question		
		rocedures, answer the following items we		estion		Check the bo							
		uctions provided to	the patient						-	ovided to the	patient		
The patient sign  Medical (Surgi									atient agreement tion Curettage				
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration			
Medical (Surgi	ical) Oth	ər (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgio	cal) proce	edures, answer the fo	llowing question	n.		For Medical (	Surgica	al) proce	dures, answ	ver the follow	ving question.		
	le or havo □ No	e a post fertilization	age at least 20 v	weeks?		Was the fet  ☐ Y		le or hav  No	e a post fer	rtilization age	e at least 20 weeks?		
	_	answered yes, compl	lete the following	ng questio	ns.	_			nswered y	es, complete	the following questions.		
	n the best ☐ No	opportunity to surviv	ve?						opportunit	ty to survive?			
	_						Yes [						
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to		
the pregnant woman	n?					the pregnan			1		1		
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
Data I. d.	1			Di		<u> </u>		-1	D · c				
Date last normal me	-	an <b>01/2018</b>		Physicia	ın estimat	e of gestation (i	n weeks	5)	Post fe	erunzation ag	ge of the fetus (in weeks) 7		
How were the gesta	tional age	e and post fertilization	on age determin	ed?									
ULTRASOUND													
Was a waiver of cons					Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No		
		on as a result of being	any of the follo	owing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked		
Full name of physic DR. CAROL DELL	-	rming termination											
		ning termination (nu	mber and street	t, city, stat	e, and zip	code)							
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	6225										
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Facility Name and A	ddress (PPGI) - 85	IN, 46268	City or	town, of pregna				County of p	pregnancy termination MARION		
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educat	tion		-		
28		☐ Yes ■ No	(	07/06/201	18			H		ol Diploma	or GED
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	6					er now c		0	
Other Termination	s: N	umber of spontaneou	us terminations 1				Numb	per of ind	uced termi	nations 0	
Dates of termination  1. UNKNOWN	s (Do no	ot include this termin						5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo	-	nditions of the patient that may
Fetus viable?		TEi-bl	Ct	.:				N/A			
Yes • 1	No	If viable, medical	reason for term	iination:					Compli	cation(s) of P	regnancy Termination
								• 1	None		Uterine Perforation
Pathological examin	ation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration
performed?		11 y 65, 1654115.						_	Infection	الــا	Retained Products
☐ Yes ■	No							□ (	Other (Spec	cify)	
								Did thi	s terminati s 🔳 N		ncy result in a maternal death?
				Type	of Termi	nation Procedur	res				
Procedure that Term	inated P	regnancy		1,700	or renni	Additional Pr		e that Ter	minated P	regnancy	
Medical (Nonsu	ırgical)	Mifepristone				☐ Medical	(Nonsu	rgical) N	Mifepriston	ie	
Medical (Nonsu  Medical (Nonsu					Misoprosto Other (Spec						
,	,	. 1						,			
For Medical (Nonsur	rgical) pi	rocedures, answer th	e following aue	estion		For Medical (	Nonsur	gical) pro	ocedures, a	nswer the foll	lowing question
Check the box indic	ating the	e following items we	ere completed			Check the bo	x indic	ating the	following	items were c	completed
The manufactur  The patient signs			the patient						uctions pro atient agree	ovided to the	patient
Medical (Surgio									ion Curetta		
	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi r (Specify)	ration	
- Wedical (Surgio	Zai) Oui	л (Бресіју)				Niculcai	(Surgic	ai) Ouic	1 (ъресцу)		
For Medical (Surgical						For Medical (					
	e or nave	e a post fertilization	age at least 20 v	weeks?		was the fet		No No	e a post lei	runzauon age	e at least 20 weeks?
If the previous quest				ng questio	ns.	-	-				the following questions.
	the best No	opportunity to surviv	ve?				ıs giver Yes [		opportunit	ty to survive?	
What was the bas	sis for	determination that	the pregnant	woman ł	nad a	What was	the ha	sis for	determinat	tion that the	e pregnant woman had a
condition that requ	ired the	procedure to avert of				condition th	nat requ	ired the			th or serious impairment to
the pregnant woman	1!					the pregnant	t woma	n'?			
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	nses beg	an		Physicia	ın estimat	e of gestation (i	n weeks	5)	Post fe	ertilization ag	e of the fetus (in weeks)
	05/	10/2018		_		6					4
How were the gestat  ULTRASOUND	ional age	and post fertilization	on age determin	ed?							
Was a waiver of conse					Was	a waiver of not	ificatio	n obtaine	ed?	☐ Yes	■ No
Is the patient seeking			any of the follo	owing?	☐ Abı	ised		Coerced		Harassed	☐ Trafficked
Full name of physici	_	rming termination									
Address of physician		ning termination (nu	mber and street	t, city, stat	e, and zip	code)					
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	6225								
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	, year): _							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	City or	town, of pregna	•			County of	pregnancy terr		
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educa	tion					
31	_	Yes No	(	07/06/20 <sup>-</sup>	18					elor's Degi	ee	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known	Not l	y anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	0				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations <b>2</b>		
Dates of termination  1. 2016		ot include this termin UNKNOWN	ation. If more to			ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin		nditions of the p	patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				====	Compli	cation(s) of P	regnancy Terr	nination
	110							•	None		Uterine Peri	foration
D. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		10							Hemorrhag	je 🗆	Cervical La	ceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained Pr	oducts
Yes •	No								Other (Spec	cify)		
											ncy result in a	maternal death?
		<u> </u>						☐ Ye	es 🔳 N	0		
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated Pr	regnancy		
Medical (Nons									Mifepriston			
Medical (Nons							Misoprosto Other (Spec					
For Medical (Nonsu	rgical) p	rocedures, answer th	e following aue	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the foll	lowing questio	n
		e following items we				Check the bo	x indic	ating the	following	items were c	completed	
		ructions provided to	the patient						-	vided to the	patient	
The patient sign  Medical (Surgi		<u>_</u>							atient agree ion Curetta			
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration		
Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	llowing question	n.		For Medical	(Surgica	al) proce	dures, answ	ver the follow	ing question.	
		e a post fertilization	age at least 20 v	weeks?					e a post fei	tilization age	e at least 20 we	eeks?
	☐ No	answered yes, comp	lete the followi	ng anestio	ine		es [	_	answered v	es complete	the following	auestions
		opportunity to surviv		ng questio	113.	_	-		-	ty to survive?	_	questions.
□Yes [	No						Yes [			,		
		determination that										oman had a
the pregnant woman		procedure to avert of	death or serious	s impairm	ent to	condition the pregnan			procedure	to avert dear	th or serious i	impairment to
						pregnan	· · · · · · · · · ·	-				
Tiva or				. 24 2 2 : :	(2)	Title	0:1	-	1		. 1	17.24.2.27.22
List the name of the	second d	octor present, as requi	ired under IC 16	o-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC	16-34-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in weeks	s)	Post fe	ertilization ag	ge of the fetus	(in weeks)
	05/	10/2018		-		8					6	
How were the gestar  ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
Ļ					T							
Was a waiver of cons Is the patient seeking						a waiver of not			ed?	Yes	■ No  □ Traffic	lrad
			, any or the 10110	wmg!	∐ Abı	15CU	<u>п</u> (	oerced	L	Harassed		ncu
Full name of physic DR. CAROL DELL	-	immig termination										
Address of physicia	n perforn	ning termination (nu		t, city, stat	te, and zip	code)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	6225									
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PPIN-GEORGETOWN OR	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN,					town, of pregn	ancy ten		County of	f pregnancy termination  MARION	
Patient's age** 28	Marrie	d ☐ Yes ■ No	Date of pregna	ancy term 07/06/20		Educ	ation	В	achelor's De	gree	
	or Othe		Asian White	☐ Blac		an American			ispanic or Lati ot Hispanic or		
Live Births:			0						0		
Other Termination	15.	umber of spontaneou	0				Numi	per of induced to	rminations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	ıan six (6	), those m	ost recent.)		5		6	
Fetus delivered alive		If yes, length of ti		ed:		-		List any preex complicate the		onditions of the patient that may	
E ( 110		TC : 11	C	• • • • • • • • • • • • • • • • • • • •				N/A			
Fetus viable?  Yes  Yes	No	If viable, medical	reason for term	ination:				None None		Pregnancy Termination  Uterine Perforation	
Pathological examin	ation	If yes, results:						☐ Hemor	_	☐ Cervical Laceration ☐ Retained Products	
performed?	No							Other (	_		
									nation of pregn	ancy result in a maternal death?	
	-			nation Procedo	ıres						
Procedure that Term											
Medical (Nonsu     Medical (Nonsu     Medical (Nonsu     Medical (Nonsu	urgical)	Misoprostol		☐ Medica	l (Nonsu	rgical) Mifepri rgical) Misopro rgical) Other (2	stol				
For Medical (Nonsu	For Medical (Nonsurgical) procedures, answer the following question  For Medical (Nonsurgical) procedures, answer the following question										
Check the box indic	_	e following items we ructions provided to	-					ating the follow er's instructions	-	_	
The manufacture.  The patient sign			the patient					ed the patient a	-		
☐ Medical (Surgion Med	cal) Mer	nstrual Aspiration				☐ Medica	l (Surgic	(al) Suction Cur (al) Menstrual A (al) Other (Spec	spiration		
										<u>-</u>	
		edures, answer the fo	• .			Was the f	etus viab	al) procedures, a le or have a pos No		wing question. ge at least 20 weeks?	
If the previous quest Was the fetus given  ☐ Yes	the best	answered yes, comp opportunity to surviv		ng questio	ons.	Was the fe	-	the best oppor	-	e the following questions.	
	ired the	determination that procedure to avert of					that requ	ired the proced		he pregnant woman had a ath or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nar	ne of the	second doctor	present, as requ	nired under IC 16-34-2-3(a)(3)	
Date last normal me	05/	15/2018			an estimat	e of gestation 6	in week:	Po Po	st fertilization a	ge of the fetus (in weeks) 4	
How were the gestat	tional ag	e and post fertilization	on age determine	ed?							
Was a waiver of cons						a waiver of no			☐ Yes	■ No	
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced	Harassed	☐ Trafficked	
Full name of physics  DR. CAROL DELL	-	rming termination									
Address of physician 200 S. MERIDIAN	-	-		, city, stai	te, and zip	code)					
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	year):							

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Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of pregn	ancy ter			County of p	pregnancy termination MARION	
Patient's age** 36	Marrie	d ☐ Yes ■ No	Date of pregna	ancy term 07/06/20		Educ	ation			ter's Degre	ee	
	or Othe	ka Native r Pacific Islander umber now living	Asian White	☐ Blac		an American		nknown ber now de	■ Not I	nnic or Latino Hispanic or L		
Live Births:	N	umber of spontaneon	2					ber of indu		0		
Other Termination	15.		0	• 76	1		Num	oci oi ilidu	cca termi	0		
Dates of termination	1S ( <i>Do no</i> 2	t include this termin	ation. If more th	ian six (0	), those m	ost recent.) 4.		5.			6.	
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:					preexisting ate the abo		nditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				N/A				
Yes Yes	No	ii viable, medical	reason for term	mation.				_	one		Uterine Perforation	
Pathological examin	ation	If yes, results:							emorrhag fection	e ⊔ □	Cervical Laceration Retained Products	
performed? ☐ Yes ■	No								ther (Spec	_	retained Froducts	
								Did this ☐ Yes	terminatio		ncy result in a maternal death?	
				Type	e of Termi	nation Proced	ıres					
Procedure that Term	inated P	regnancy		J1.	Additional Procedure that Terminated Pregnancy							
Medical (Nonsum Medical (Nonsu	ırgical)	Misoprostol				☐ Medica	l (Nonsu	orgical) Morgical) Morgical) Or	isoprostol	[		
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)         For Medical (Nonsurgical) procedures, answer the following question       For Medical (Nonsurgical) procedures, answer the following question         Check the box indicating the following items were completed       Check the box indicating the following items were completed         ☐ The manufacturer's instructions provided to the patient       ☐ The manufacturer's instructions provided to the patient         ☐ The patient signed the patient agreement       ☐ The patient signed the patient agreement         ☐ Medical (Surgical) Suction Curettage       ☐ Medical (Surgical) Suction Curettage												
	cal) Mer	strual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
		dures, answer the fo				Was the f	etus viab				ring question.	
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		g questic	ons.	Was the fe	-	n the best of	-	es, complete to y to survive?	the following questions.	
	ired the	determination that procedure to avert of					that requ	uired the p			e pregnant woman had a th or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nar	ne of the	e second de	octor pres	ent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	05/	18/2018			an estimat	e of gestation <b>7</b>	(in week.	s)	Post fe	rtilization ag	e of the fetus (in weeks)  5	
How were the gestat	ed?											
Was a waiver of cons					Was	a waiver of no				Yes	■ No	
Is the patient seeking			g any of the follo	wing?	☐ Abu	ised		Coerced		Harassed	☐ Trafficked	
Full name of physics  DR. CAROL DELL	-	rming termination										
Address of physician 200 S. MERIDIAN	-	-		, city, stai	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregr	ancy ter			County of p	oregnancy termination MARION	
Patient's age** 36	Marrie [	d ☐ Yes ■ No	Date of pregn	ancy term 07/06/20		Educ	ation	н		ol Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		ıknown	■ Not I	/ anic or Latino Hispanic or La		
Live Births:		umber now living	1					er now d		0		
Other Termination	ns:	umber of spontaneou	us terminations <b>0</b>				Numb	per of ind	uced termi	nations <b>1</b>		
Dates of termination 2009	ns (Do no	ot include this termin	ation. If more th	han six (6	), those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti		ed:		<u> </u>			y preexistin		aditions of the patient that may	
Fetus viable?		If viable, medical	rassan far tarm	ination:				N/A				
Yes Yes	No	ii viable, inedical	reason for term	mation.				=	None		regnancy Termination Uterine Perforation	
Pathological examin	nation	If yes, results:							Hemorrhag Infection	e 📙	Cervical Laceration Retained Products	
performed? ☐ Yes ■	No								Other (Spec	_	retained Froducts	
								Did this			ncy result in a maternal death?	
				Туре	e of Termi	nation Proced	ıres		· <del></del>	· · · · · · · · · · · · · · · · · · ·		
Procedure that Term	ninated P	regnancy		71		Additional I		e that Ter	minated P	regnancy		
Medical (Nonsi	urgical)	Misoprostol				☐ Medica	l (Nonsu	rgical) N	Mifepriston Misoprosto Other (Spec	[		
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)         For Medical (Nonsurgical) procedures, answer the following question       For Medical (Nonsurgical) procedures, answer the following question         Check the box indicating the following items were completed       Check the box indicating the following items were completed         ☐ The manufacturer's instructions provided to the patient       ☐ The manufacturer's instructions provided to the patient         ☐ The patient signed the patient agreement       ☐ The patient signed the patient agreement         ☐ Medical (Surgical) Suction Curettage       ☐ Medical (Surgical) Suction Curettage												
	cal) Mei	nstrual Aspiration				<ul> <li>☐ Medical (Surgical) Suction Curettage</li> <li>☐ Medical (Surgical) Menstrual Aspiration</li> <li>☐ Medical (Surgical) Other (Specify)</li> </ul>						
		edures, answer the for e a post fertilization	• .			Was the f	etus viab				ring question. e at least 20 weeks?	
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ng questic	ons.	Was the fe	-	the best	-	es, complete t y to survive?	the following questions.	
	ired the	determination that procedure to avert of					that requ	ired the			e pregnant woman had a h or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nar	ne of the	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	05/	28/2018		·	an estimat	e of gestation  5	(in week.	s)	Post fe	rtilization age	e of the fetus (in weeks) 3	
How were the gestational age and post fertilization age determined?  ULTRASOUND												
Was a waiver of cons		10.			Was	a waiver of no				Yes	■ No	
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. CAROL DELL	_	rming termination										
Address of physicia 200 S. MERIDIAN	-	-		, city, sta	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and APLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVEN	IUE,	City or t	town, of pre	gnancy ter			County of p	oregnancy termination MONROE	
Patient's age** 27	Marrie	d Yes No	Date of pregna	ncy term 7/05/201		Edu	acation		Bach	elor's Degr	ee	
Race American Indian Native Hawaiian Live Births:	n or Othe		Asian White	☐ Black		an Americai	Uı	nknown ber now de	■ Not I	anic or Latino Hispanic or L		
	N	umber of spontaneou	us terminations				Num	ber of indu	iced termi	nations		
Other Termination	15.	ot include this termin	0	an six (6)	) those m	ost recent.)				0		
1	2		3	un sin (o)		4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				-	preexistin ate the abo	-	ditions of the patient that may	
Fetus viable?  Yes	No	If viable, medical	reason for termi	nation:				■ N	Complic	cation(s) of Pi	regnancy Termination Uterine Perforation	
Pathological examir performed?		If yes, results:						☐ Ir	lemorrhag nfection other (Spec		Cervical Laceration Retained Products	
i es 🕒	NO										acy result in a maternal death?	
								Yes			icy result in a material death?	
				Туре	of Termi	nation Proce	dures					
Procedure that Term		• •			Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone							
Medical (Nonsi	urgical)	Misoprostol				☐ Medi	cal (Nonsı	urgical) M urgical) M urgical) O	isoprostol			
The patient sign  Medical (Surgi	eating the rer's instr ed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage astrual Aspiration	ere completed	stion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)						
For Medical (Surgic			llowing question	1.		ing question.						
	le or hav	e a post fertilization	age at least 20 w	eeks?				ble or have	a post fer	tilization age	at least 20 weeks?	
If the previous ques	tion was the best	answered yes, comp opportunity to surviv		g question	ns.	If the prev Was the	ious quest	tion was ar	-	es, complete ty to survive?	the following questions.	
	ired the	determination that procedure to avert of				conditio		uired the p			pregnant woman had a h or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the n	ame of the	e second d	octor pres	ent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	-	an 15/2018		Physicia	ın estimat	e of gestatio	n (in week	cs)	Post fe	rtilization age	e of the fetus (in weeks)  5	
How were the gesta ULTRASOUND	tional ag	e and post fertilization	ed?									
Was a waiver of cons						a waiver of				Yes	■ No	
Is the patient seeking			any of the follow	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. CAROL DELL	-	rming termination										
Address of physicia 200 S. MERIDIAN	-	-		city, stat	e, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	Address D (PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or t	town, of pregna	•			County of p	pregnancy termination  MONROE		
Patient's age**	Marrie	d	Date of pregn	ancy termin	nation	Educa	tion						
24	[	Yes No	(	07/05/2018	8					ollege, No D	Degree		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American	_	known	■ Not I	/ anic or Latino Hispanic or La			
Live Births:	N	umber now living	2					er now c		0			
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations <b>0</b>			
Dates of termination		ot include this termin	v			*							
1		4				4		5			6		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo	-	nditions of the patient that may		
Fetus viable?		If viable, medical	reason for term	ination:					Complia	nation(a) of D	ragmanay Tammination		
☐ Yes ■	No								None		regnancy Termination Uterine Perforation		
									Hemorrhag		Cervical Laceration		
Pathological examine performed?	nation	If yes, results:							Infection		Retained Products		
-	No								Other (Spec	cify)			
									s termination	on of pregnar	ncy result in a maternal death?		
		<u> </u>						☐ Ye	s • N	υ			
				Туре	of Termii	nation Procedur							
Procedure that Term		• •				Additional Pr				•			
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprostol				
Medical (Nons	surgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)			
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)         For Medical (Nonsurgical) procedures, answer the following question       For Medical (Nonsurgical) procedures, answer the following question         Check the box indicating the following items were completed       Check the box indicating the following items were completed         ☐ The manufacturer's instructions provided to the patient       ☐ The manufacturer's instructions provided to the patient         ☐ The patient signed the patient agreement       ☐ The patient signed the patient agreement         ☐ Medical (Surgical) Suction Curettage													
						Medical (Surgical) Suction Curettage							
Medical (Surgi		nstrual Aspiration er (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question	n .		For Medical (	Surgica	I) proced	durec ancu	er the follow	ving question		
		e a post fertilization									e at least 20 weeks?		
	■ No	anguard was some	lata tha fallawin	na avaatian		☐ Y		] No	marrianad ri	aa aammlata t	the fellowing questions		
		answered yes, comp opportunity to surviv		ng question	is.	_	-		-	y to survive?	the following questions.		
□Yes	□No						res [		11	,			
	uired the	determination that procedure to avert of					nat requ	ired the			e pregnant woman had a ch or serious impairment to		
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(3	3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
Date last normal me	-	an <b>20/2018</b>		Physician	estimate	e of gestation (i	n weeks	:)	Post fe	rtilization age	e of the fetus (in weeks)  5		
How were the gesta		e and post fertilization	on age determin	ed?						J			
ULTRASOUND		•											
Was a waiver of cons	sent obtain	ned?	5 • N	No	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abu	ısed	□ C	oerced		Harassed	☐ Trafficked		
Full name of physic DR. CAROL DELL	_	rming termination											
Address of physicia 200 S. MERIDIAN	-	ning termination (nu		t, city, state	, and zip	code)							
		0 = .0,											
**Date Reported	to DCS	, if Patient under	6 (month, day,	, year):									

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DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Patient's age** 27	Marrie	d Yes No	Date of pregna	ancy term 07/05/201		Edu	cation	;	Some Co	ollege, No D	)egree	
	n or Othe		Asian White	☐ Blac		an American		nknown ber now de	■ Not I	y anic or Latino Hispanic or L		
Live Births:	N	umber of spontaneou	0 s terminations					ber of indu		nations		
Other Termination	15.		1		1.000	aat maaamt )	runn	oer or maa		0		
Dates of termination 1. <b>05/18/2013</b>	1S ( <i>Do no</i>	n inciuae inis iermin 	3	ian six (0)	), inose m	4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				-	preexisting ate the abo	-	nditions of the patient that may	
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					one		regnancy Termination Uterine Perforation	
Pathological examin performed?		If yes, results:						☐ In	femorrhag affection other (Spec		Cervical Laceration Retained Products	
								Did this Yes			ncy result in a maternal death?	
				Туре	of Termi	nation Proced	ures					
Procedure that Term		• •				Additional						
Medical (Nonsi     Medical (Nonsi     Medical (Nonsi	urgical)	Misoprostol				☐ Medic	al (Nonsu	rgical) M rgical) M rgical) O	isoprostol	l		
The patient sign  Medical (Surgion	eating the rer's instr ed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage astrual Aspiration	ere completed	stion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)						
☐ Yes	le or hav	e a post fertilization	age at least 20 v	veeks?		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No						
If the previous quest Was the fetus given  ☐ Yes	the best	answered yes, comp opportunity to surviv		ng questio	ns.	Was the f	-	n the best of	-	es, complete try to survive?	the following questions.	
	ired the	determination that procedure to avert of					that requ	uired the p			e pregnant woman had a th or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	(3)	List the na	me of the	e second d	octor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	05/	17/2018			n estimat	e of gestation <b>7</b>	(in week	es)	Post fe	ertilization ag	e of the fetus (in weeks)  5	
How were the gestar	ed?											
Was a waiver of cons						a waiver of n				Yes	■ No	
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. CAROL DELL	-	rming termination										
Address of physicia 200 S. MERIDIAN	-	-		, city, stat	e, and zip	code)						
**Date Reported	to DCS	, if Patient under	6 (month. day.	year):								

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Patient's age** 34	Marrie [	ed ■ Yes □ No	Date of pregn	nancy term 07/05/201		Educa	ation		Bach	elor's Degr	ee
Race American Indian Native Hawaiian	or Othe		Asian White	☐ Blac		an American	_	known er now d	Not l	/ anic or Latino Hispanic or L	
Live Births:	N	Tumber of spontaneou	1 us terminations						uced termi	nations	
Other Termination	13.		1		\		rume	or or ma		0	
Dates of termination 2014	18 ( <i>Do no</i>	n include inis termin 2	3	nan six (0 <sub>.</sub>	), inose mo	981 recent.) 4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					preexisting preexi	-	ditions of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for term	nination:				• 1	_	cation(s) of P	regnancy Termination Uterine Perforation
Pathological examin performed?		If yes, results:						_ I	Hemorrhag nfection Other (Spec		Cervical Laceration Retained Products
								Did this ☐ Yes			ncy result in a maternal death?
				Туре	of Termin	nation Procedu	ires				
Procedure that Term	ninated P	regnancy				Additional P	rocedure	that Ter	minated Pr	regnancy	
Medical (Nonsi	urgical)	Misoprostol									
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)											ompleted
		edures, answer the for e a post fertilization				Was the fe	etus viab				ing question. at least 20 weeks?
If the previous quest Was the fetus given	tion was	answered yes, comp opportunity to surviv		ng questio	ons.	If the previo	us questi	on was a the best		es, complete ty to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	ired the			e pregnant woman had a h or serious impairment to
List the name of the	second d	loctor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nan	ne of the	second o	loctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	-	an /15/2018		Physicia	an estimate	e of gestation (	in weeks	r)	Post fe	rtilization ag	e of the fetus (in weeks) 4
How were the gestar	tional ag	e and post fertilization	on age determin	ied?							
Was a waiver of cons						a waiver of no				Yes	■ No
Is the patient seeking  Full name of physic			g any of the follo	owing?	☐ Abu	sed	☐ C	oerced	L	Harassed	☐ Trafficked
DR. CAROL DELL	_	ming termination									
Address of physicial 200 S. MERIDIAN	_	-		t, city, stat	te, and zip	code)					
**Date Reported	to DCS	S, if Patient under	16 (month, day	, year):							

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	Address O (PPCSI) (1 13	MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or t	own, of pregna	•			County of J		y termina NROE	ation
Patient's age**	Marrie		Date of pregn	ancy termi	nation	Educa	tion		_				
21	[	☐ Yes ■ No	(	07/05/201	8				,	ollege, No D	Degree		
Race American Indian Native Hawaiian	n or Othe		Asian White	☐ Black		an American		known ber now d	■ Not I	/ anic or Latino Hispanic or L		U	nknown
Live Births:			0							0			
Other Termination	15.	umber of spontaneou	0				Nume	ber of ind	uced termi	0			
Dates of termination		ot include this termin									6.		
Fetus delivered alive	e?	If yes, length of ti				4.		List an	y preexistin	g medical cor ortion			ent that may
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					None		Uterin	e Perforat	tion
Pathological examin performed?		If yes, results:							Hemorrhag Infection Other (Spec			al Lacera	
								Did thi □ Ye		on of pregnai	ncy resul	t in a mat	ernal death?
				Type	of Termi	nation Procedu	res						
Procedure that Term	ninated P	regnancy				Additional Procedure that Terminated Pregnancy							
Medical (Nonso	urgical)	Misoprostol				☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)													
Was the fetus viab	le or hav ☐ No	edures, answer the fo	age at least 20	weeks?			tus viab 'es [	le or hav No	e a post fer	tilization age	e at least	20 weeks	
Was the fetus given		answered yes, compoportunity to surviv		ng questior	18.		-	the best	-	es, complete y to survive?		wing ques	stions.
	iired the	determination that procedure to avert of					nat requ	ired the		tion that the			
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red unde	er IC 16-3	4-2-3(a)(3)
Date last normal me	01/2018	n estimate	e of gestation (i	n weeks	s)	Post fe	rtilization ag	e of the	fetus (in v	veeks)			
ULTRASOUND		e and post fertilization	on age determin	ed?									
Was a waiver of cons						a waiver of not			ed?	Yes	■ N		
Is the patient seeking			any of the follo	owing?	Abu	ised		Coerced		Harassed	Γ	rafficked	
Full name of physic DR. CAROL DELL	-	orming termination											
		ming termination (nu	mber and stree	t, city, state	e, and zip	code)							
200 S. MERIDIAN	ST, INC	DIANAPOLIS, IN 46	6225										
**Date Reported	to DCS	s, if Patient under 1	6 (month, day,	, vear):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and APLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or t	town, of preg	gnancy ter			County of p	oregnancy termination MONROE
Patient's age** 24	Marrie	d ☐ Yes ■ No	Date of pregna	ancy term 07/05/20		Edu	ication		Bach	elor's Degr	ee
_	n or Othe		Asian White	☐ Blac		an Americar	Uı Uı	nknown ber now de	■ Not I	/ anic or Latino Hispanic or La	
Live Births:	N	umber of spontaneou	1 is terminations				Num	ber of indu	iced termi	nations	
Other Termination  Dates of termination	15.		0	han sir (6	) those m	ost recent )	1 (411)			0	
1	2	·	3	un six (0	), inose m	4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:				-	preexisting ate the abo	-	nditions of the patient that may
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for term	ination:					lone		regnancy Termination Uterine Perforation
Pathological examir performed?		If yes, results:						☐ Iı	Iemorrhag  offection  Other (Spec		Cervical Laceration Retained Products
								Did this ☐ Yes			ncy result in a maternal death?
				Туре	of Termi	nation Proce	dures				
Procedure that Term					Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone						
Medical (Nonsi	urgical)	Misoprostol				☐ Media	eal (Nonst	urgical) Murgical) Murgical) O	Iisoprostol	[	
The patient sign  Medical (Surgi	eating the rer's instr ed the pa cal) Suc cal) Mer	e following items we uctions provided to tient agreement tion Curettage astrual Aspiration	ere completed	stion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)					
		dures, answer the fo			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No						• .
If the previous ques  Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ng questio	ons.	Was the	•	n the best	•	es, complete t y to survive?	the following questions.
	ired the	determination that procedure to avert of				condition		uired the p			e pregnant woman had a h or serious impairment to
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	(3)	List the na	ame of the	e second d	loctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	-	an 02/2018		Physicia	an estimat	e of gestation  8	ı (in week	ts)	Post fe	rtilization age	e of the fetus (in weeks)  6
How were the gestar ULTRASOUND	ed?					1					
Was a waiver of cons						a waiver of				Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CAROL DELL	-	rming termination									
Address of physicia 200 S. MERIDIAN	-	-		, city, stat	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (I	MONROE CO.) - 421 SOL	TH COLLEGE AVE	NUE,	City or t	town, of pregna	•			County of p	pregnancy termination  MONROE	
Patient's age**	Marrie	:d	Date of pregn	nancy term	ination	Educa	tion					
38		Yes No		07/05/201	18					elor's Degr	ee	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black		an American		ıknown	■ Not I	/ anic or Latino Hispanic or La		
Live Births:	N	umber now living	2				Numl	oer now dec	eased	0		
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numb	per of induc	ed termi	nations <b>0</b>		
Dates of termination	ns ( <i>Do no</i>	ot include this termin	nation. If more to	han six (6)	), those m	ost recent.)		5			6	-
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:				List any p			nditions of the patient that m	nay
Fetus viable?		If viable, medical	reason for term	nination:				history	of uter	ine surgery	•	
☐ Yes ■	No								•	` _	regnancy Termination	
								■ No	one emorrhag	_	Uterine Perforation Cervical Laceration	
Pathological examir	nation	If yes, results:							fection			
performed?	No							☐ Oti	her (Spec	cify)		
								Did this t ☐ Yes	erminatio		ncy result in a maternal dea	ath?
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedur	e that Term	inated Pr	regnancy		
☐ Medical (Nons								rgical) Mi				
Medical (Nons								rgical) Oth				
For Medical (Nonsu	ırgical) nı	rocedures answerth	e following au	estion		For Medical (	Nonsur	rgical) proce	edures ai	nswer the foll	lowing question	
Check the box indic	cating the	e following items we	ere completed	Stron		Check the bo	x indic	ating the fo	ollowing	items were c	ompleted	
☐ The manufactur☐ The patient sign		ructions provided to tient agreement	the patient			☐ The man ☐ The patie		er's instruct ned the pation	_	-	patient	
Medical (Surgi	cal) Suc	tion Curettage				☐ Medical	(Surgio	al) Suction	n Curetta	ge		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)				☐ Medical ☐ Medical	(Surgic	cal) Menstr cal) Other (	ual Aspi <i>Specif</i> y)	ration		
, ,	ŕ											
For Medical (Surgio	al) proce	dures answer the fo	llowing questic	n		For Medical	Surgic	al) procedu	rec ancu	er the follow	ving question	
· -		e a post fertilization									e at least 20 weeks?	
☐ Yes  If the previous ques	■ No tion was	answered ves comn	lete the followi	ng anestio	ns		es [		swered ve	es complete t	the following questions.	
Was the fetus given	the best	opportunity to survi		ng questro		_	-		-	y to survive?		
□Yes [	□No						Yes L	No				
	iired the	determination that procedure to avert					nat requ	aired the pr			e pregnant woman had th or serious impairment t	
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second do	ctor pres	sent, as requir	red under IC 16-34-2-3(a)	(3)
Date last normal me	_			Physicia	ın estimat	e of gestation (i	n week.	s)	Post fe	rtilization age	e of the fetus (in weeks)	
How were the gesta		25/2018 e and post fertilization	on age determin	led?		13			]		11	
ULTRASOUND	tional ago	e and post fertilization	on age determin									
Was a waiver of cons						a waiver of not			?	Yes	■ No	
Is the patient seeking			g any of the follo	owing?	☐ Abu	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. CAROL DELL		rming termination										
Address of physicia	-	=		t, city, stat	e, and zip	code)						
200 S. MERIDIAN	JI, IND	MANAPULIS, IN 4	UZZJ									
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	Address D (PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or t	town, of pregna	•			County of p	pregnancy termination  MONROE
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion		·		
19		Yes No	(	07/05/201	8					ollege, No D	Degree
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un	known		/ anic or Latino Hispanic or L	
Live Births:	N	umber now living	0				Numb	er now c	leceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 0	
Dates of termination	ns (Do no	ot include this termin	ation. If more to	han six (6)	, those m	ost recent.)					
1						4	1	5			6
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
7			g .					asthr	na		
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination
								• 1	None		Uterine Perforation
Pathological examin	nation	If yes, results:							Hemorrhag	e 🗆	Cervical Laceration
performed?		ii yes, resuits.						_	Infection		Retained Products
☐ Yes ■	No								Other (Spec	cijy)	
											<del></del>
								Did thi ☐ Ye		on of pregnar o	ncy result in a maternal death?
				Tyne	of Termi	nation Procedur	es				
Procedure that Term	ninated P	regnancv		1 ypc	Additional Procedure that Terminated Pregnancy						
☐ Medical (Nons	urgical)	Mifepristone				☐ Medical	(Nonsu	rgical) N	Mifepriston	e	
☐ Medical (Nons ☐ Medical (Nons									Misoprostol Other (Spec		
	urgreur)	other (specify)					(1101154	181011)	outer (Spec	977	
For Medical (Nonsurgical) procedures, answer the following question  For Medical (Nonsurgical) procedures, answer the following question											
		e following items we		Stion		Check the bo					
		ructions provided to	the patient						_	vided to the	patient
The patient sign  Medical (Surgi									ntient agree ion Curetta		
Medical (Surgi	ical) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi		
Medical (Surgi	ical) Oth	er (Specify)				Medical	(Surgic	al) Othe	r (Specify)		
		edures, answer the fo				For Medical (	-				
	le or hav	e a post fertilization	age at least 20 v	weeks?		Was the fet		le or hav ] No	e a post fei	tilization age	e at least 20 weeks?
_	_	answered yes, comp	lete the following	ng question	ns.	_			inswered ye	es, complete	the following questions.
	n the best □No	opportunity to surviv	ve?				ıs given Yes 🔲		opportunit	y to survive?	
	_	4-4	41	1.							
condition that requ	uired the	determination that procedure to avert of									e pregnant woman had a th or serious impairment to
the pregnant woman	n?					the pregnan	t woman	n?			-
	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
N/A  Date last normal me	ances ha-	an		Dhygiai-	n actions	e of gestation (i	n wast-	2)	Dogt f-	etilization a=	e of the fetus (in weaks)
Date last normal me	_	an <b>23/2018</b>		rnysicia	ii estimat	e of gestation ( <i>i</i>	n weeks	· <i>)</i>	rost te	runzauon ag	ge of the fetus (in weeks)  8
How were the gesta	tional ag	e and post fertilization	on age determin	ed?					I.		
ULTRASOUND											
Was a waiver of cons						a waiver of not			ed?	Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed	∐ C	Coerced		Harassed	☐ Trafficked
Full name of physic DR. CAROL DELL	_	rming termination									
		ning termination (nu	mber and street	t, city, state	e, and zip	code)					
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 4	6225								
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):						_	

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	(PPCSI) (	MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or	town, of pregna	•			County of p	oregnancy teri MONRO		
Patient's age**	Marrie		Date of pregn	ancy term	ination	Educa	tion			<u> </u>	<u> </u>		
Race		Yes No	(	07/12/201	18			,	Some Co Ethnicity	ollege, No D	egree		
American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	■ Blac		an American		ıknown	☐ Hisp ■ Not l	y anic or Latino Hispanic or L	o atino [	Unknown	
Live Births:	N	umber now living	0					per now de		0			
Other Termination	ns: N	umber of spontaneo	us terminations <b>0</b>				Numb	per of indu	iced termi	nations <b>0</b>			
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6,	), those m	ost recent.)	•	_			_		
Fetus delivered alive	2 e?	If yes, length of ti	me fetus surviv	ed:		4		5 List any	preexistin	g medical cor	ditions of the	patient that may	
☐ Yes ■		ir yes, iengar er a		ou.					ate the abo				
Fetus viable?		If viable, medical	reason for term	ination:					Compli	action(s) of D	regnancy Teri	mination	
☐ Yes ■	No								lone		Uterine Per		
		Y0 1.						H	Iemorrhag	ge 🔲	Cervical La	ceration	
Pathological examir performed?	ation	If yes, results:						_	nfection		Retained Pr	oducts	
☐ Yes ■	No								Other (Spec	cify)			
								Did this			ncy result in a	maternal death?	
		1		T	of Torre	nation Procedu	rac						
Procedure that Term	ninated P	regnancy		1 уре	OI ICIIIII	Additional Procedu		e that Terr	ninated P	regnancv			
Medical (Nons)	urgical)	Mifepristone				☐ Medical	(Nonsu	ırgical) M	lifepriston	ie			
Medical (Nonsi						☐ Medical ☐ Medical	(Nonsu (Nonsu	ırgical) M ırgical) O	lisoprosto ther (Spec	l cify)			
								,					
For Medical (Nonsu Check the box indic				estion		For Medical Check the bo					owing question	on	
The manufactur The patient sign		ructions provided to	the patient					er's instru ned the pat	_	ovided to the	patient		
Medical (Surgi													
☐ Medical (Surgi ☐ Medical (Surgi	cal) Mei	nstrual Aspiration				<ul> <li>☐ Medical (Surgical) Suction Curettage</li> <li>☐ Medical (Surgical) Menstrual Aspiration</li> <li>☐ Medical (Surgical) Other (Specify)</li> </ul>							
ivicultur (Surgr	cui) Oui	or (speedy)				Wiedicar	(Burgie	out) Outer	(Бресіду)				
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questic	on.		For Medical	(Surgical	al) proced	ures, ansv	ver the follow	ing question.		
		e a post fertilization	age at least 20	weeks?					a post fe	rtilization age	at least 20 w	eeks?	
☐ Yes  If the previous ques	☐ No tion was	answered yes, comp	lete the following	ng questio	ns.	☐ Y  If the previou		☐ No ion was ar	nswered y	es, complete	the following	questions.	
	the best	opportunity to survi	ve?				us givei Yes [		opportuni	ty to survive?			
condition that requ	iired the	determination that procedure to avert										oman had a impairment to	
the pregnant woman	n?					the pregnan							
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second d	octor pres	sent, as requi	red under IC	16-34-2-3(a)(3)	
Date last normal me	_	an <b>/07/2018</b>		Physicia	ın estimat	e of gestation (	in week.	s)	Post fe	ertilization ag	e of the fetus	(in weeks)	
How were the gestar			on age determin	ed?							<u> </u>		
Was a waiver of cons	sent obtai	ned? Yes	s • N	No	Was	a waiver of no	tificatio	n obtaine	d?	☐ Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	g any of the follo	owing?	☐ Abı	used		Coerced		Harassed	☐ Traffic	ked	
Full name of physic DR. CAROL DELL	-	orming termination											
Address of physicia		ning termination (nu	mber and stree	t, city, stat	e, and zip	code)							
200 S. MERIDIAN	ST, INC	DIANAPOLIS, IN 4	6225										
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):									

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	Address (PPCSI) (I	MONROE CO.) - 421 SOL	•			town, of pregna	ıncy ter	mination	-	County of p		y termination	
Patient's age**	Marrie	ed	Date of pregn	ancy term	ination	Educa	tion			•			
29	_	Yes No		07/12/20 <sup>-</sup>	18					ollege, No D	egree		
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ■ White	■ Blac		an American	☐ Ur	nknown		y anic or Latino Hispanic or La		Unknown	
Live Births:	N	umber now living	1				Numl	ber now d	eceased	0			
Other Termination	ns: N	umber of spontaneo	us terminations				Numl	ber of indi	uced termi	nations 2			
Dates of termination	ns (Do no	ot include this termin	nation. If more ti	han six (6	), those m	ost recent.)							
1. 2012	2	UNKNOWN	3			4		5			6		
Fetus delivered aliv		If yes, length of ti	ime fetus surviv	ed:					preexisting preexi		ditions of	f the patient that may	
Fetus viable?	No	If viable, medical	reason for term	ination:					Complie	cation(s) of P	regnancy	Termination	
☐ Yes ■	INO							■ N	None			e Perforation	
								I	Hemorrhag	e 🗆	Cervica	al Laceration	
Pathological examination performed?	nation	If yes, results:						☐ I	nfection		Retaine	ed Products	
☐ Yes ■	No								Other (Spec	cify)			
								Did this			cy result	in a maternal death?	
				Туре	of Termi	nation Procedu	n Procedures						
Procedure that Term	Additional Pr	rocedur	e that Ter	minated P	regnancy								
Medical (Nons							/ifepriston						
Medical (Nons Medical (Nons	☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)												
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)													
For Medical (Nonsu	ırgical) pı	rocedures, answer th	ne following que	estion		For Medical	Nonsui	rgical) pro	cedures, a	nswer the foll	owing qu	iestion	
Check the box indic	cating the	e following items w	ere completed			Check the bo	x indic	ating the	following	items were c	ompleted		
The manufacture The patient sign		ructions provided to	the patient						ictions pro itient agree	wided to the property	oatient		
☐ Medical (Surgi						☐ Medical							
☐ Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgio	cal) Mens	strual Aspi r ( <i>Specify</i> )				
Medical (Surgi	icai) Oin	er ( <i>Specify</i> )				Medical	(Surgic	cai) Otnei	г (Ѕресіју)				
For Medical (Surgio			• 1			For Medical							
Was the fetus viab  ☐ Yes		e a post fertilization	age at least 20 v	weeks?			tus viab Zes [		e a post fei	rtilization age	at least 2	20 weeks?	
If the previous ques	_	answered yes, comp	lete the following	ng questio	ns.		_		nswered y	es, complete t	he follov	ving questions.	
		opportunity to survi	ve?						opportunit	y to survive?			
	□No						Yes [	No					
	aired the	determination that procedure to avert					hat requ	uired the				nt woman had a ous impairment to	
List the name of the	second d	octor present, as requ	iired under IC 16	o-34-2-3(a)	(3)	List the nam	e of the	e second o	doctor pres	sent, as requir	ed under	r IC 16-34-2-3(a)(3)	
Date last normal me	_	an <b>29/2018</b>		Physicia	n estimat	e of gestation (a	in week	(s)	Post fe	ertilization age	e of the fo	etus (in weeks)	
How were the gesta			on age determin	ed?		<u> </u>							
ULTRASOUND													
Was a waiver of cons					Was	a waiver of not	tificatio	n obtaine	ed?	Yes	■ No		
Is the patient seeking			g any of the follo	wing?	☐ Abı	used		Coerced		Harassed	☐ Tr	rafficked	
Full name of physic DR. CAROL DELL		rming termination					_			<del></del>			
Address of physicia	n perforn	-		t, city, stat	e, and zip	code)							
200 S. MERIDIAN	ST, IND	PIANAPOLIS, IN 4	6225										
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):						_			

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	Patient's age** Married Date of pregna				City or t	own, of pregn	ancy terr			County of 1	pregnancy termination  MONROE	
Patient's age** 33			nancy term 07/12/201		Educa	ation	н	igh Scho	ool Diploma	or GED		
Race American Indian Native Hawaiian	or Othe		Asian White	☐ Blac		an American	_	known er now d	■ Not	y anic or Latino Hispanic or L		
Live Births:			2						uced termi	0		
Other Termination	15.	fumber of spontaneo	0				Numo	er or indi	ucea termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6 <sub>,</sub>	), those me	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:		*		-	preexisting preexi	-	nditions of the patient that may	
Fetus viable?	No	If viable, medical	reason for term	nination:				• N	_	cation(s) of P	Pregnancy Termination Uterine Perforation	
Pathological examin performed?		If yes, results:						I:	Hemorrhag nfection Other (Spe		Cervical Laceration  Retained Products	
								Did this ☐ Yes			ncy result in a maternal death?	
				Туре	of Termi	nation Procedu	ires					
Procedure that Term	ninated P	regnancy			Additional Procedure that Terminated Pregnancy							
Medical (Nonsi	urgical)	Misoprostol		☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)												
		edures, answer the for				Was the fe	etus viab				ving question.	
If the previous quest Was the fetus given	tion was	answered yes, comp opportunity to survi		ng questio	ns.	If the previo	us questi	on was a the best		ty to survive?	the following questions.	
	ired the	determination that procedure to avert					that requ	ired the			e pregnant woman had a th or serious impairment to	
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)								red under IC 16-34-2-3(a)(3)				
Date last normal me	-	an /15/2018		Physicia	n estimate	e of gestation (	in weeks	s)	Post fo	ertilization ag	te of the fetus (in weeks)  5	
How were the gestar	tional ag	e and post fertilization	on age determin	ied?					·			
Was a waiver of cons						a waiver of no				Yes	■ No	
Is the patient seeking  Full name of physic			g any of the follo	owing?	Abu	ised	☐ C	oerced	L	Harassed	☐ Trafficked	
DR. CAROL DELL	_	mining termination										
Address of physicial 200 S. MERIDIAN	_	-		t, city, stat	e, and zip	code)						
**Date Reported	to DCS	s, if Patient under	16 (month, day	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (BLOOMINGTON, IN, 47403	TH COLLEGE AVENUE,	City or	town, of pregna	•		County of pregnancy termination  MONROE				
Patient's age** Marrie	ed ☐ Yes ■ No	Date of pregnancy t		Educa	tion	High Scho	ool Diploma or GED			
Race American Indian or Alas Native Hawaiian or Othe		= =	Black or Afric Other	can American			y anic or Latino Hispanic or Latino			
Live Births:		0				per of induced termi	0 inations			
Other Terminations.	Number of spontaneou	0	(6) d		INUIIIO	ber of maucea term	2			
Dates of terminations ( <i>Do no</i> 1. <b>06/06/2013</b>	2. <b>11/10/2016</b>	3	. (0), inose m	4		5	6			
Fetus delivered alive?  Yes No	If yes, length of ti	me fetus survived:				List any preexistir complicate the abo	ng medical conditions of the patient that may ortion			
Fetus viable?  ☐ Yes ■ No	If viable, medical	reason for termination	1:			None	cation(s) of Pregnancy Termination  Uterine Perforation			
Pathological examination performed?	If yes, results:					☐ Hemorrhag ☐ Infection ☐ Other (Spe	Retained Products			
						Did this terminati ☐ Yes ■ N	on of pregnancy result in a maternal death?			
		Т	ype of Termi	ination Procedu	res					
Procedure that Terminated P						that Terminated P	• •			
■ Medical (Nonsurgical) ■ Medical (Nonsurgical) □ Medical (Nonsurgical)	Misoprostol			<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>						
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)										
For Medical (Surgical) procedures the fetus viable or have Yes No If the previous question was	e a post fertilization	age at least 20 weeks?		Was the fe	tus viab	le or have a post fe No	wer the following question. rtilization age at least 20 weeks? res, complete the following questions.			
Was the fetus given the best  ☐ Yes ☐ No				Was the fet	-	the best opportuni				
What was the basis for condition that required the the pregnant woman?					hat requ	ired the procedure	tion that the pregnant woman had a to avert death or serious impairment to			
List the name of the second d	loctor present, as requ	ired under IC 16-34-2-	3(a)(3)	List the nam	e of the	second doctor pre-	sent, as required under IC 16-34-2-3(a)(3)			
Date last normal menses beg 05/		sician estimat	te of gestation (i	in weeks	Post fe	ertilization age of the fetus (in weeks)  6				
How were the gestational ag	ge and post fertilization	on age determined?								
Was a waiver of consent obtain				a waiver of not			Yes No			
Is the patient seeking an aborti		any of the following?	☐ Ab	used	⊔ С	oerced	Harassed Trafficked			
DR. CAROL DELLINGER	_									
Address of physician perform 200 S. MERIDIAN ST, INC	-		state, and zip	code)						
	*Date Reported to DCS, if Patient under 16 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	) (PPCSI) (I	MONROE CO.) - 421 SOL	TH COLLEGE AVE	ENUE,	City or	town, of pregna	•			County of J	pregnancy term MONROE	
Patient's age**	Marrie		Date of pregn	nancy term	ination	Educa	tion			<u> </u>		
20 Race		Yes No		07/12/201	18			Н	igh Scho	ool Diploma	or GED	
☐ American Indian ☐ Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Black		an American		ıknown	☐ Hisp  ■ Not l	y anic or Latino Hispanic or L	atino	] Unknown
Live Births:	N	umber now living	1				Numl	per now d	eceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations				Numb	per of ind	uced termi	inations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6)	), those m	ost recent.)						
1	2		3			4		5		1: 1	6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					preexisting preexisting preexisting about		nditions of the p	atient that may
Fetus viable?		If viable, medical	reason for term	nination:								
☐ Yes ■	No								Compli None		regnancy Term Uterine Perfo	
								_	Hemorrhag	_	Cervical Lac	
Pathological examir performed?	nation	If yes, results:						_	nfection		Retained Pro	ducts
Yes •	No								Other (Spe	cify)		
								Did this			ncy result in a r	maternal death?
				Туре	of Termi	rmination Procedures						
Procedure that Term	Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsi							Aifepriston					
Medical (Nons				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
For Medical (Nonsu				estion							lowing question	1
Check the box indic	_	ructions provided to	_			Check the bo		_	_	ovided to the	-	
☐ The patient sign	ed the pa	tient agreement	1						tient agree			
Medical (Surgi	cal) Suc cal) Mei	tion Curettage nstrual Aspiration				☐ Medical ☐ Medical						
Medical (Surgi						☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgio	cal) proce	edures, answer the fo	ollowing question	on.		For Medical	(Surgical	al) proced	lures, ansv	ver the follow	ving question.	
		e a post fertilization	age at least 20	weeks?					e a post fe	rtilization age	e at least 20 we	eks?
☐ Yes  If the previous ques	■ No tion was	answered yes, comp	lete the followi	ng questio	ns.	☐ Y  If the previou		☐ No ion was a	nswered y	es, complete	the following q	uestions.
		opportunity to survi	ve?						opportuni	ty to survive?		
	□No	1	d				Yes L	_				
	iired the	determination that procedure to avert					hat requ	aired the			e pregnant wo th or serious ir	
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second o	doctor pres	sent, as requi	red under IC 1	6-34-2-3(a)(3)
Date last normal me	_			Physicia	ın estimat	e of gestation (	in week.	s)	Post fe	ertilization ag	e of the fetus (i	in weeks)
How were the gesta		e and post fertilization	on age determin	led?		13					11	
ULTRASOUND		poor retinization										
Was a waiver of cons	sent obtai	ned?	s • N	No	Was	a waiver of no	ificatio	n obtaine	ed?	☐ Yes	■ No	
Is the patient seeking	an aborti				☐ Abı			Coerced		Harassed	☐ Traffick	ed
Full name of physic	-	orming termination										
DR. CAROL DELL Address of physicia		ning termination (	mher and stuce	t city stat	o and -i-	(code)						
200 S. MERIDIAN	-	-		., cuy, sial	с, ана ДР	cout)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/22/2018

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PLANNEĎ PARENTHOOD	- Married					town, of preg	nancy ter			County of pregnancy termination  MONROE				
Patient's age** 25	25						cation		Bach	elor's Degr	ree			
Native Hawaiian	n or Othe		☐ Asian ■ White	☐ Black		an American			Not I	nnic or Latino Hispanic or L				
Live Births:	N	umber of spontaneou	0					ber of induc		0				
Other Termination	15.		0		\ .#		Nulli	oci oi iliduo	cu termi	0				
Dates of termination	1S ( <i>Do no</i> 2	t include this termin	ation. If more th	an six (0)	), those m	ost recent.) 4.		5.			6.			
Fetus delivered alive		If yes, length of ti		ed:					preexistin te the abo	-	nditions of the patient that may			
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for termi	nation:					one		regnancy Termination  Uterine Perforation			
Pathological examir performed?		If yes, results:						☐ In:	emorrhag fection ther (Spec		Cervical Laceration Retained Products			
								Did this t	terminatio		ncy result in a maternal death?			
	_			Туре	of Termi	nation Proced	lures		_					
								e that Term		•				
Medical (Nons	Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>						
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, Check the box indicating the following The manufacturer's instructions provided to the patient The patient signed the patient agree Medical (Surgical) Suction Curett Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)								ollowing tions pro ent agree n Curetta rual Aspi	items were c vided to the p ment ge	ompleted				
		dures, answer the fo				Was the	fetus viab		al) procedures, answer the following question. le or have a post fertilization age at least 20 weeks?  No on was answered yes, complete the following questions.					
If the previous ques  Was the fetus given  ☐ Yes	the best	answered yes, comp opportunity to survi		g questio	ns.	Was the f	-	n the best o	-	es, complete to y to survive?				
	ired the	determination that procedure to avert of					that requ	uired the pr			e pregnant woman had a th or serious impairment to			
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the na	me of the	e second do	octor pres	ent, as requi	red under IC 16-34-2-3(a)(3)			
Date last normal me	_	an 20/2018		Physicia	nn estimat	e of gestation 6	(in week	es)	Post fe	rtilization ag	e of the fetus (in weeks) 4			
How were the gestar ULTRASOUND	tional age	e and post fertilization	on age determine	ed?					•					
Was a waiver of cons						a waiver of r				Yes	■ No			
Is the patient seeking			any of the follow	wing?	☐ Abu	ised		Coerced		Harassed	Trafficked			
Full name of physic DR. CAROL DELL	_	rming termination												
Address of physicia 200 S. MERIDIAN	-	-		city, stat	e, and zip	code)								
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and APLANNED PARENTHOOD BLOOMINGTON, IN, 4740	Address O (PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or t	own, of pregna	•			County of p	pregnancy termination MONROE		
Patient's age**	Marrie	ed .	Date of pregn	ancy termin	nation	Educat	tion						
22		Yes No	(	07/12/2018	8			H		ol Diploma	or GED		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black ☐ Other		an American	☐ Un	known		/ anic or Latino Hispanic or La			
Live Births:	N	umber now living	1				Numb	er now c	leceased	0			
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 0			
Dates of termination	,		v			,							
1		4				4		5			6		
Fetus delivered alive  ☐ Yes  ■		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may		
Fetus viable?		If viable, medical	reason for term	ination:					Compli	pation(s) of D	regnancy Termination		
☐ Yes ■	No								None		Uterine Perforation		
									Hemorrhag		Cervical Laceration		
Pathological examin performed?	nation	If yes, results:							Infection		Retained Products		
☐ Yes ■	No								Other (Spec	cify)			
									s termination	on of pregnar	ncy result in a maternal death?		
		1						☐ Ye	s I N	U			
D 1 2 2				Type o	of Termii	Additional Procedure that Terminated Pregnancy							
Procedure that Term  Medical (Nonsi		•							mınated Pı Mifepriston	•			
Medical (Nonsi	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) N	Misoprostol	[			
Medical (Nonsi	Other (Specify)			Medical (Nonsurgical) Other (Specify)									
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement													
Medical (Surgi						☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration							
Medical (Surgion Medica		nstrual Aspiration er (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	nal) proga	duras answer the fo	llowing questio	<u></u>		Fan Madiaal (	(Ci	.D	J	41			
		e a post fertilization				For Medical ( Was the fet					at least 20 weeks?		
Yes	■ No	_					es [	No	_				
If the previous quest		answered yes, comp opportunity to surviv		ng question:	S.	•	-		•	es, complete t y to survive?	the following questions.		
	□No	opposition of the control					Yes [		оррогини	y to survive:			
	aired the	determination that procedure to avert of					nat requ	ired the			e pregnant woman had a th or serious impairment to		
List the name of the <b>N/A</b>	List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  N/A  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)									red under IC 16-34-2-3(a)(3)			
Date last normal me	_	an <b>01/2018</b>		Physician	estimate	e of gestation (i	n weeks	5)	Post fe	rtilization age	e of the fetus (in weeks)  5		
How were the gestar			on age determin	ed?		•					J		
ULTRASOUND		<u>-</u>	<u> </u>										
Was a waiver of cons	sent obtain	ned?	5 <b>I</b> N	No	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No		
Is the patient seeking			any of the follo	owing?	Abu	ised	□ C	Coerced		Harassed	☐ Trafficked		
Full name of physic DR. CAROL DELL	-	rming termination											
Address of physicia	n perforn	=		t, city, state,	, and zip	code)							
200 S. MERIDIAN	JI, IND	TANAFULIS, IN 40	)										
**Date Reported	to DCS	, if Patient under	6 (month, day,	, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 4740	Patient's age** Married Date of pregnate				City or t	own, of preg	nancy ter			County of p	pregnancy termination  MONROE	
Patient's age** 29				nancy term 07/12/201		Edu	cation		Some Co	ollege, No D	Degree	
Race American Indian Native Hawaiian	or Othe	er Pacific Islander	Asian White	☐ Blac		an American	☐ Ur	ıknown	Not 1	y anic or Latino Hispanic or L		
Live Births:		fumber now living	1					per now d		0		
Other Termination	13.	fumber of spontaneon	1				Numl	per of ind	uced termi	nations <b>0</b>		
Dates of termination 2010	is (Do no	ot include this termin	ation. If more t	han six (6	), those mo	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:		7-			y preexisting cate the abo	-	nditions of the patient that may	
Fetus viable?  Yes	No	If viable, medical	reason for term	nination:				1	_	cation(s) of P	Pregnancy Termination Uterine Perforation	
Pathological examin performed?		If yes, results:						_ I	Hemorrhag Infection Other (Spec		Cervical Laceration  Retained Products	
								Did thi			ncy result in a maternal death?	
				Туре	of Termin	nation Proce	dures					
Procedure that Term	ninated P	regnancy			Additional Procedure that Terminated Pregnancy							
Medical (Nonsi	urgical)	Misoprostol			<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>							
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)												
		edures, answer the for e a post fertilization				Was the	fetus viab				ving question.	
If the previous quest Was the fetus given	tion was	answered yes, comp opportunity to surviv		ng questio	ons.	If the previous	ous quest	ion was a n the best	•	es, complete ty to survive?	the following questions.	
	ired the	determination that procedure to avert of				condition		aired the			e pregnant woman had a th or serious impairment to	
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)								red under IC 16-34-2-3(a)(3)				
Date last normal me	-	an /30/2018		Physicia	an estimate	e of gestation	ı (in week	s)	Post fe	ertilization ag	ge of the fetus (in weeks)  5	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ied?					1			
Was a waiver of cons						a waiver of				Yes	■ No	
Is the patient seeking  Full name of physic			g any of the follo	owing?	☐ Abu	ised		Coerced	<u>L</u>	Harassed	☐ Trafficked	
DR. CAROL DELL	INGER											
Address of physicia 200 S. MERIDIAN	_	-		t, city, stat	te, and zip	code)						
**Date Reported	to DCS	s, if Patient under	 16 (month, day	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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				NUE,	City or	town, of pregna				County of 1	pregnancy termination  MONROE			
Patient's age** 38		d Yes No	ancy term 07/05/20		Educa	ition		8th C	Grade or Le	ess				
Race American Indian Native Hawaiian Live Births:	or Othe		☐ Asian ☐ White	☐ Blac		an American		known er now d	☐ Not I	anic or Latino				
	N	umber of spontaneou	us terminations				Numb	er of ind	uced termi	nations				
Other Termination  Dates of termination	15:		0	han sir (6	) those m	ost recent )				0				
1	2		3	ittir stit (o		4		5			6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:				-	y preexistin	-	nditions of the patient that may			
Fetus viable?		If viable, medical	rangan for tarm	ination:				histo	ry of uter	ine surgery	/			
Yes Yes	No	ii viable, inculcat	reason for term	illiation.					None		Pregnancy Termination  Uterine Perforation			
Pathological examin	nation	If yes, results:							Hemorrhag	_	Cervical Laceration Retained Products			
performed?									Infection Other (Spec	□ cifv)	Retained Products			
☐ Yes ■	NO							1	~ (~ <b>/</b> ~	-957				
											ncy result in a maternal death?			
								☐ Ye	s • N	0				
Drogodyra that Tame	ningted D	ragnan av		Туре	of Termi	nation Procedu		that Tar	minatad D	raamanari				
	Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol							Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone						
Medical (Nonsi								rgical) N	Misoprosto Other (Spec	l				
	urgreur)	other (specify)			Wiediedi	(1 tolisu	igicai) (	outer (spee	937					
For Medical (Nonsu	rgical) n	rocedures, answer th	e following aue	estion		For Medical	(Nonsur	gical) pro	ocedures, a	nswer the foll	lowing question			
Check the box indic	eating the	e following items we	ere completed			Check the bo	x indica	ating the	following	items were c	completed			
☐ The manufactur☐ The patient sign		ructions provided to tient agreement	the patient						uctions pro itient agree	wided to the ment	patient			
Medical (Surgional Control Contro	cal) Suc	tion Curettage				☐ Medical	(Surgic	al) Sucti	ion Curetta	ge				
☐ Medical (Surgion Medica) (Surgion Medical (Surgion Medical (Surgion Medical (Surgion Med		nstrual Aspiration er (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
For Medical (Surgic	eal) proce	dures answer the fo	llowing questic	n		For Medical	(Surgice	al) proced	dures answ	ver the follow	ving question.			
		e a post fertilization									e at least 20 weeks?			
Yes If the previous quest	■ No tion was	answered ves. comp	lete the followi	ng questio	ons.	If the previou	_	☐ No ion was a	inswered v	es. complete	the following questions.			
Was the fetus given		opportunity to survi				Was the fet	-	the best	-	ty to survive?				
		determination that									e pregnant woman had a			
the pregnant woman		procedure to avert of	death or serious	s impairm	ent to	condition t the pregnan			procedure	to avert dear	th or serious impairment to			
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	)(3)	List the nam	ne of the	second	doctor pres	sent, as requi	ired under IC 16-34-2-3(a)(3)			
Date last normal me	-	an 26/2018		Physicia	an estimat	e of gestation (	in weeks	s)	Post fe	rtilization ag	ge of the fetus (in weeks)			
How were the gestar		10					8							
ULTRASOUND	tional ag	e and post fertilization	m age determin	- Cu :										
Was a waiver of cons						a waiver of no				Yes	■ No			
Is the patient seeking			g any of the follo	wing?	☐ Abı	ised	☐ C	Coerced		Harassed	☐ Trafficked			
Full name of physic DR. CAROL DELL	-	rming termination												
Address of physician	-	-		t, city, stat	te, and zip	code)								
200 S. MERIDIAN	SI, IND	MANAPOLIS, IN 40	0225											
**Date Reported	to DCS	, if Patient under	16 (month. dav	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,		City or t	own, of pregna	•			County of p	oregnancy termination MARION	n	
Patient's age**	Marrie		Date of pregna	•		Educat	tion						
Race	L	Yes No	(	07/13/201	8				Ethnicity	ociate Degr	ee		
☐ American Indian☐ Native Hawaiian☐	n or Othe		Asian White	☐ Black		an American	_	known	Hispa	anic or Latino Hispanic or L		nown	
Live Births:			1							0			
Other Termination	15.	umber of spontaneou	0				Numb	oer of inc	luced termi	nations 1			
Dates of termination 2015		ot include this termin						5			6		
Fetus delivered alive	e?	If yes, length of ti				<u> </u>			y preexistin cate the abo		ditions of the patient t	hat may	
Fetus viable?		If viable, medical	reason for term	ination:					Compli	nation(s) of D	regnancy Termination		
☐ Yes ■	No								None		Uterine Perforation		
									Hemorrhag	_	Cervical Laceration		
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products		
■ Yes	No	CHORIONIC VIL	LAE, GESTA	TIONAL	SAC				Other (Spec	cify)			
								Did thi			ncy result in a matern	al death?	
				Tyne	of Termi	nation Procedur	es						
Procedure that Term	ninated P	regnancy		1 ypc	OI I CHIIII	Additional Procedure that Terminated Pregnancy							
Medical (Nons									Mifepriston				
☐ Medical (Nons	☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)												
							Medical (Nonsungical) Office (Specify)						
		rocedures, answer th		stion							owing question		
	•	e following items we ructions provided to	•			Check the bo				items were covided to the			
☐ The patient sign									atient agree				
Medical (Surgi		tion Curettage strual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration							
Medical (Surgi						Medical (Surgical) Other (Specify)							
For Medical (Surgio	cal) proce	edures, answer the fo	llowing question	n.		For Medical (	Surgica	al) proce	dures, answ	ver the follow	ing question.		
	le or hav	e a post fertilization	age at least 20 v	veeks?		Was the fet ☐ Y		le or hav No	e a post fe	tilization age	at least 20 weeks?		
If the previous ques	tion was	answered yes, comp		ng question	ns.	_			answered y	es, complete	the following questio	ns.	
	n the best □No	opportunity to surviv	ve?				ıs giver Yes [		t opportunit	y to survive?			
	aired the	determination that procedure to avert of				What was	the ba	isis for nired the			pregnant woman h or serious impairn		
						- 3							
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  N/A  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)								-3(a)(3)					
Date last normal me	-			Physicia	n estimate	e of gestation (i	n weeks	s)	Post fe	ertilization ag	e of the fetus (in week	ks)	
06/25/2018  How were the gestational age and post fertilization age determined?											5		
ULTRASOUND EX	_	-	_										
Was a waiver of cons	sent obtain	ned?	■ N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No		
		on as a result of being	any of the follo	wing?	Abu	ised		Coerced		Harassed	☐ Trafficked		
Full name of physic DR. JEFFREY D. O	_						_		·	·			
Address of physicia	n perforn	ning termination (nu		, city, state	e, and zip	code)							
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219										
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Patient's age** Married Date of pregnan				r town, of pregn	ancy ten			County of pr	regnancy termination MARION	
Patient's age** 20			Date of pregnancy 07/1	y termination 3/2018	Educ	ation	Hig	h Scho	ol Diploma	or GED	
	n or Othe		= =	Black or Afri Other	ican American			Not I	nnic or Latino Hispanic or La	tino 🔲 Unknown	
Live Births:	N	fumber of spontaneou	1 s terminations				per of induc		0		
Other Termination	15.		0	-i (6) d		rvuine	or or made	- Cu terrini	1		
2016	1S (Do no	ot include this termin	3	six (0), inose i	4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survived:				List any p		-	litions of the patient that may	
Fetus viable?  Yes	No	If viable, medical	reason for terminat	ion:			■ No	ne		egnancy Termination Uterine Perforation	
Pathological examir	nation	If yes, results:						morrhag ection	e □	Cervical Laceration Retained Products	
performed?  • Yes	No	CHORIONIC VIL	LAE, GESTATIO	NAL SAC				her (Spec	_	Retailed Floducts	
							Did this t	erminatio		cy result in a maternal death?	
		1		Type of Torre	ningtion Dropad	ırec					
Procedure that Term	ninated P	regnancy		Type of Telli	Additional Procedure that Terminated Pregnancy						
☐ Medical (Nonsi ☐ Medical (Nonsi ☐ Medical (Nonsi	urgical) urgical)	Mifepristone Misoprostol			☐ Medica	l (Nonsu l (Nonsu	rgical) Mis rgical) Mis rgical) Oth	fepriston soprosto	e		
iviedicai (Noiisi	uigicai)	Other ( <i>specify</i> )			Niedica	i (inoiisu	iigicai) Oii	ici (spec	ijy)		
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement  The patient signed the patient agreement  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement									ompleted		
Medical (Surgi	cal) Mei	nstrual Aspiration			<ul> <li>☐ Medical (Surgical) Suction Curettage</li> <li>☐ Medical (Surgical) Menstrual Aspiration</li> <li>☐ Medical (Surgical) Other (Specify)</li> </ul>						
Was the fetus viab		edures, answer the fo		cs?		etus viab			ver the following tilization age	ng question. at least 20 weeks?	
	the best	answered yes, comp opportunity to surviv		uestions.	Was the fe	-	n the best of	-	es, complete they to survive?	ne following questions.	
	ired the	determination that procedure to avert of				that requ	aired the pr			pregnant woman had a n or serious impairment to	
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16-34-	2-3(a)(3)	List the nan	ne of the	second do	ctor pres	ent, as require	ed under IC 16-34-2-3(a)(3)	
Date last normal me	-	an <b>'28/2018</b>	Ph	nysician estima	ate of gestation (	in week:	5)	Post fe	rtilization age	of the fetus (in weeks)  5	
How were the gesta  ULTRASOUND EX	_	e and post fertilization	_								
Was a waiver of cons					s a waiver of no	tificatio	n obtained	?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the following	g? 🔲 Al	bused		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. JEFFREY D. O	_										
	n perforr	ning termination (nu		y, state, and zi	ip code)						
		,									
**Date Reported	to DCS	, if Patient under	6 (month, day, vea	ur):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Patient's age** Married Date of pregnan				town, of pregna	ncy terr		County of pregnancy termination MARION			
Patient's age** 34			Date of pregnancy	termination 3/2018	Educa	tion		chool Diploma or GED			
Race American Indian Native Hawaiian Live Births:	n or Othe	ka Native er Pacific Islander umber now living	_ =	Black or Afric	can American	Uni		ispanic or Latino of Hispanic or Latino			
	N	umber of spontaneou	us terminations			Numb	er of induced te	rminations			
Other Termination	15.	ot include this termin	0	sir (6) those n	nost recent )			0			
1.	2		3		4		5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				List any preexi complicate the	sting medical conditions of the patient that may abortion			
Fetus viable?  Yes	No	If viable, medical	reason for terminati	on:			None None	pplication(s) of Pregnancy Termination  Uterine Perforation			
Pathological examin	nation	If yes, results:					☐ Hemorr	_			
performed?  • Yes	No	CHORIONIC VII	.LAE, GESTATIOI	NAL SAC			Other (5	<b>—</b>			
i les	INU							1 337			
								nation of pregnancy result in a maternal death			
				Type of Term	ination Procedu	res					
Procedure that Term	ninated P	regnancy		J <sub>F</sub> : 02 101111	Additional Procedure that Terminated Pregnancy						
Medical (Nonsi					☐ Medical (Nonsurgical) Mifepristone						
Medical (Nonsi							nsurgical) Misoprostol surgical) Other (Specify)				
☐ The manufactur	cating the rer's instr	e following items we ructions provided to	ere completed	1	Check the bo	ox indica ufacture	ating the follower's instructions	s, answer the following question ing items were completed provided to the patient			
The patient sign  Medical (Surgion					The patient signed the patient agreement  Medical (Surgical) Suction Curettage						
	cal) Mei	nstrual Aspiration			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
- M I: 1/G	1)	1 1 6	11								
		edures, answer the fo		s?		tus viab		nswer the following question. t fertilization age at least 20 weeks?			
If the previous quest Was the fetus given  ☐ Yes	the best	answered yes, comp opportunity to survi-		uestions.	Was the fet	-	the best opport	d yes, complete the following questions. unity to survive?			
	ired the	determination that procedure to avert of				hat requ	ired the proced	ination that the pregnant woman had a ure to avert death or serious impairment to			
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16-34-2	2-3(a)(3)	List the nam	e of the	second doctor J	present, as required under IC 16-34-2-3(a)(3)			
Date last normal me	_	an ( <b>20/2018</b>	Ph	ysician estima	te of gestation (a	in weeks	Pos	st fertilization age of the fetus (in weeks)  6			
How were the gestar ULTRASOUND EX	e and post fertilization	=									
Was a waiver of cons	sent obtai	ned?	s • No	Was	a waiver of not	tification	n obtained?	☐ Yes ■ No			
Is the patient seeking	an aborti	on as a result of being		g? 🔲 Ab	used	□ C	oerced	Harassed Trafficked			
Full name of physic	_	-		<u> </u>	<u> </u>		<u> </u>				
DR. JEFFREY D. O			mber and street, city	y, state, and zir	code)						
1201 N ARLINGTO	-	-			,						
**Date Reported	to DCS	, if Patient under	16 (month, day, year	r):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Patient's age** Married Date of pregna				City or t	own, of preg	nancy ter			County of p	oregnancy termination MARION		
Patient's age** 17			nncy termi 7/13/201		Edu	cation	н	ligh Scho	ol Diploma	or GED			
	n or Othe	ka Native or Pacific Islander umber now living	Asian White	☐ Black		an American	Uı Uı	ıknown ber now d	■ Not I	y anic or Latino Hispanic or La			
Live Births:	N		0						uced termi	0			
Other Termination	15.	umber of spontaneou	0				INUIII	bei oi iiiu	ucea terrir	0			
Dates of termination	1S ( <i>Do no</i> 2	ot include this termin	ation. If more th	an six (6)	, those mo	ost recent.) 4		5			6		
Fetus delivered alive		If yes, length of ti		ed:					y preexistin	-	ditions of the patient that may		
Fetus viable?  Yes	No	If viable, medical	reason for termi	nation:				_	None		regnancy Termination Uterine Perforation		
Pathological examin performed?		If yes, results:							Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products		
								Did thi ☐ Ye			ncy result in a maternal death?		
	_			Туре	of Termin	nation Proce	dures						
Procedure that Term	ninated P	regnancy			Additional Procedure that Terminated Pregnancy								
Medical (Nonsi Medical (Nonsi Medical (Nonsi	urgical)	Misoprostol		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)									
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed Check th The manufacturer's instructions provided to the patient The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration For Medical Check th Chec													
☐ Yes	le or hav	e a post fertilization	age at least 20 w	veeks?		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?							
If the previous quest Was the fetus given  ☐ Yes	the best	answered yes, comp opportunity to survi		g question	ns.	Was the	-	n the best	-	es, complete t by to survive?	the following questions.		
	ired the	determination that procedure to avert of				condition		uired the			pregnant woman had a h or serious impairment to		
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)(	(3)	List the na	ame of the	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
Date last normal me	05/	04/2018			n estimate	e of gestation 9	ı (in week	s)	Post fe	ertilization age	e of the fetus (in weeks) 7		
How were the gestar	_	-	on age determine	ed?									
Was a waiver of cons		10.				a waiver of i				Yes	■ No		
Is the patient seeking			g any of the follow	wing?	Abu	ısed		Coerced		Harassed	☐ Trafficked		
Full name of physic DR. JEFFREY D. 0	-	-											
Address of physicia	n perforn	ning termination (nu		city, state	e, and zip	code)							
		, JEIO,											
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):									

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	ITER OF IN	DIANAPOLIS - 1201 N A	RLINGTON AVE,	City o	r town, of pregna	•		County of p	regnancy termination MARION		
Patient's age**	Marrie	ed .	Date of pregnan	cy termination	Educa	ition					
24		Yes No	07/	/13/2018				ssociate Degre	ee		
Race American India Native Hawaiian	n or Othe	r Pacific Islander	Asian White	Black or Afr	rican American		ıknown 🔳 N	lispanic or Latino lot Hispanic or La			
Live Births:	N	umber now living	1			Numl	per now decease	d <b>0</b>			
Other Termination	ns: N	umber of spontaneo	us terminations			Numl	per of induced to	erminations <b>0</b>			
Dates of termination 2015	ns ( <i>Do no</i>	ot include this termin	nation. If more than	n six (6), those	most recent.)		5		6		
Fetus delivered aliv		If yes, length of t	ime fetus survived:				List any preex complicate the		ditions of the patient that may		
Fetus viable?	No	If viable, medical	reason for termina	ntion:			■ None		regnancy Termination Uterine Perforation		
Pathological examin performed?		If yes, results:					Hemori	_	Cervical Laceration Retained Products		
								nation of pregnan No	cy result in a maternal death?		
				Type of Terr	nination Procedu	res					
Procedure that Term							e that Terminate				
Medical (Nons     Medical (Nons     Medical (Nons	urgical)	Misoprostol				(Nonsu	argical) Mifepri argical) Misopro argical) Other (S	ostol			
The patient sign  Medical (Surgi	rer's instrued the partical) Succession Mer	e following items w ructions provided to tient agreement tion Curettage nstrual Aspiration	ere completed	Check the bo	ox indic aufactur ent sign (Surgio (Surgio	ating the follow	rettage Aspiration	ompleted			
For Medical (Surgio		edures, answer the fo	• .	eks?	For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes If the previous ques Was the fetus giver	☐ No tion was	•	elete the following		If the previou  Was the fet	es [ is quest	No ion was answere the best opport		he following questions.		
	aired the	determination that procedure to avert				hat requ	uired the proced		pregnant woman had a h or serious impairment to		
List the name of the	second d	octor present, as requ	nired under IC 16-34	4-2-3(a)(3)	List the nam	e of the	e second doctor	present, as requir	ed under IC 16-34-2-3(a)(3)		
Date last normal me	05/	19/2018		-	ate of gestation (	in week.	s) Po	st fertilization age	e of the fetus (in weeks)  5		
How were the gesta	_	-	on age determined	?							
Was a waiver of cons					is a waiver of no			☐ Yes	■ No		
Is the patient seeking Full name of physic			g any of the following	ng?	bused		Coerced	Harassed	☐ Trafficked		
DR. JEFFREY D. (	GLAZER	2		tan a c	· 7 \						
Address of physicia	-	=		ıry, state, and z	ıp code)						
**Date Reported	to DCS	, if Patient under	16 (month, day, ye	ear):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF	LINGTON AVE,		City or t	own, of pregna	•			County of p	oregnancy termination MARION	
Patient's age**	Marrie	d	Date of pregna	ancy termi	nation	Educa	tion					
33		Yes No	C	07/13/201	8				9th-12 Ethnicity	th, No Diplo	oma	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	■ Black □ Other		an American		known ber now d	Hispa	anic or Latino Hispanic or L		vn
Live Births:		umber now living	6							0		
Other Termination	115.	umber of spontaneou	1				Numb	er of ind	uced termi	nations 3		
Dates of termination 1. 2016		ot include this termin 2015	ation. If more th	han six (6),		ost recent.) 4. <b>2010</b>		5			6	
Fetus delivered aliv ☐ Yes ■		If yes, length of ti	me fetus survive	ed:					y preexistin cate the abo		ditions of the patient that	may
Fetus viable?  Yes  Yes	No	If viable, medical	reason for term	ination:					Complic		regnancy Termination Uterine Perforation	
									Hemorrhag	_	Cervical Laceration	
Pathological examir performed?  Yes	nation No	If yes, results:  CHORIONIC VIL	I AF GESTA	TIONAL S	SAC				Infection Other (Spec	cify)	Retained Products	
i les	NO		_,, 0_0,,		<i></i>				, 1			
								Did thi ☐ Ye	s termination		ncy result in a maternal c	death?
				Туре	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy		• • •		Additional Pr	ocedure	that Ter	minated Pr	regnancy		
☐ Medical (Nons ☐ Medical (Nons								Mifepriston				
Medical (Nons							(Nonsurgical) Misoprostol (Nonsurgical) Other (Specify)					
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement												
Medical (Surgi	cal) Mer	nstrual Aspiration			<ul> <li>☐ Medical (Surgical) Suction Curettage</li> <li>☐ Medical (Surgical) Menstrual Aspiration</li> <li>☐ Medical (Surgical) Other (Specify)</li> </ul>							
Was the fetus viab ☐ Yes	le or hav	edures, answer the fo	age at least 20 v	weeks?			tus viab 'es [	le or hav No	e a post fer	tilization age	at least 20 weeks?	
Was the fetus given		answered yes, compoportunity to surviv		ng question	1S.	Was the fett	-	the best		es, complete to survive?	the following questions.	
	aired the	determination that procedure to avert of					nat requ	ired the			pregnant woman had h or serious impairmen	
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	-34-2-3(a)(	3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(	(a)(3)
Date last normal me	-	an 10/2018		Physician	n estimate	e of gestation (i	n weeks	s)	Post fe	rtilization ag	e of the fetus (in weeks)	
How were the gesta ULTRASOUND EX				•								
Was a waiver of cons						a waiver of not			ed?	Yes	■ No	
Is the patient seeking			any of the follo	wing?	Abu	ised	□ C	Coerced		Harassed	☐ Trafficked	
Full name of physic DR. JEFFREY D. 0	GLAZER	1										
Address of physicia 1201 N ARLINGTO	-	ning termination (nu., INDIANAPOLIS,		, city, state	e, and zip	code)						
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	ddress ER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or to	own, of pres	gnancy te			County of J	pregnancy termination MARION
Patient's age** 24	Marrie [	d Yes • No	Date of pregnan	ncy termin 7/13/2018		Edu	acation	ŀ	ligh Scho	ool Diploma	or GED
Race American Indian						n Americar	ı _			anic or Latino	
☐ Native Hawaiian  Live Births:		r Pacific Islander umber now living	☐ White	Other	•			nknown ber now c		Hispanic or L  0	atino Unknown
Other Terminations	s: N	umber of spontaneou					Num	ber of ind	luced termi		
Dates of terminations		t include this termin		ın six (6),	those mo	st recent.)					
Fetus delivered alive	?	If yes, length of ti	me fetus survived	<b>1</b> :	4	-			y preexisting cate the abo	-	aditions of the patient that may
Fetus viable?  Yes • N	No	If viable, medical	reason for termin	nation:				1 =	None		regnancy Termination Uterine Perforation Cervical Laceration
Pathological examina performed?  Yes 1		If yes, results:  CHORIONIC VIL	LAE, GESTATI	IONAL S	SAC				Hemorrhag Infection Other (Spe		
								Did thi ☐ Ye			ncy result in a maternal death?
				Туре	of Termin	ation Proce	dures				
Procedure that Termi  Medical (Nonsu  Medical (Nonsu  Medical (Nonsu	rgical)	Mifepristone Misoprostol				☐ Medie	cal (Nons cal (Nons	urgical) N urgical) N	rminated Provided Pro	ne I	
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other         For Medical (Nonsurgical) procedures, answer the following question       For Medical (Nonsurgical) procedures         Check the box indicating the following items were completed       Check the box indicating the following items were completed         ☐ The manufacturer's instructions provided to the patient       ☐ The manufacturer's instruction         ☐ The patient signed the patient agreement       ☐ The patient signed the patient         ☐ Medical (Surgical) Suction Curettage       ☐ Medical (Surgical) Suction Curettage         ☐ Medical (Surgical) Menstrual Aspiration       ☐ Medical (Surgical) Menstrual         ☐ Medical (Surgical) Other (Specify)       ☐ Medical (Surgical) Other (Specify)									following uctions pro atient agree ion Curetta strual Aspi	items were covided to the ement	completed
For Medical (Surgica Was the fetus viable Yes If the previous questi Was the fetus given Yes What was the bas condition that requi the pregnant woman'	No N	e a post fertilization answered yes, comp opportunity to survi	age at least 20 we lete the following we?	eeks? g question yoman ha	ad a	Was the  If the prev  Was the  What we condition	e fetus via  ] Yes   ious ques fetus give ] Yes   as the b n that req	ble or have No tion was a con the best No asis for uired the	nnswered y opportunit	es, complete ty to survive?	ving question. e at least 20 weeks? the following questions. e pregnant woman had a th or serious impairment to
List the name of the s		octor present, as requ	ired under IC 16-3	34-2-3(a)(3	3)		ant woma		doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal mer	_	an <b>28/2018</b>		Physician	n estimate	of gestatio	n (in week	ks)	Post fe	ertilization ag	e of the fetus (in weeks)
How were the gestati	1?							<u>·</u>			
Was a waiver of conse					Was a	waiver of				☐ Yes	■ No
Is the patient seeking a  Full name of physicia  DR. JEFFREY D. G  Address of physician	an perfo	rming termination			Abus			Coerced		] Harassed	☐ Trafficked
1201 N ARLINGTO	-	-			~ <i>T</i>						
**Date Reported to DCS, if Patient under 16 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or	town, of pregna	ancy teri		County of pregnancy termination MARION				
Patient's age** 30	Marrie	ed ■ Yes □ No	Date of pregnancy term 07/13/20		Educa	ntion	Bacl	nelor's Degree				
Race American Indian Native Hawaiian Live Births:	n or Othe		☐ Asian ☐ Bla ☐ White ■ Oth		an American			vanic or Latino Hispanic or Latino Unknown				
	N N	umber of spontaneou	1 us terminations			Numb	per of induced term	inations				
Other Termination	15.	•	<b>0</b> ation. If more than six (	6) those m	ost recent )			0				
1	2	2	3		4		5	6				
Fetus delivered alive		If yes, length of ti	me fetus survived:				List any preexisting complicate the about	ng medical conditions of the patient that may ortion				
Fetus viable?  Yes	No	If viable, medical	reason for termination:				None None	cation(s) of Pregnancy Termination  Uterine Perforation				
Pathological examir	nation	If yes, results:					☐ Hemorrhag	_				
performed?  Yes			LAE, GESTATIONAL	SAC			☐ Infection ☐ Other (Spe	Retained Products				
							Did this terminate	ion of pregnancy result in a maternal death?				
		<u> </u>	,m	cm :								
Procedure that Term	ningted D	regnancy	Тур	e of Termi	nation Procedu		e that Terminated P	regnancy				
☐ Medical (Nons							onsurgical) Mifepristone					
Medical (Nonsi							surgical) Misoprostol surgical) Other (Specify)					
Check the box indic	cating the rer's instr	rocedures, answer the following items we ructions provided to tient agreement	ere completed	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement								
Medical (Surgi	cal) Mei	nstrual Aspiration			age iration							
Was the fetus viab		edures, answer the fo	llowing question. age at least 20 weeks?			tus viab		wer the following question. rtilization age at least 20 weeks?				
	the best	answered yes, compoportunity to surviv	lete the following questive?	ions.	Was the fet	-	the best opportuni	ves, complete the following questions.  ty to survive?				
	ired the		the pregnant woman death or serious impairr			hat requ	ired the procedure	tion that the pregnant woman had a to avert death or serious impairment to				
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16-34-2-3(a	a)(3)	List the nam	ne of the	second doctor pre	sent, as required under IC 16-34-2-3(a)(3)				
Date last normal me	_	an <b>02/2018</b>	Physic	ian estimat	e of gestation (	in weeks	Post for	ertilization age of the fetus (in weeks)  4				
How were the gesta: ULTRASOUND EX	_	e and post fertilization.	-		<u>-</u>							
Was a waiver of cons				Was	a waiver of no	tificatio	n obtained?	☐ Yes ■ No				
Is the patient seeking	an aborti	on as a result of being	any of the following?	☐ Abı	ısed		Coerced	Harassed Trafficked				
Full name of physic DR. JEFFREY D. O	_	-				_						
Address of physicia	n perform	ning termination (nu	mber and street, city, sta	ate, and zip	code)							
1201 N ARLINGTO	JN AVE	, INDIANAPOLIS,	IN 46219									
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or t	town, of pregna	•			County of		cy termination	
Patient's age**	Marrie	ed	Date of pregn	nancy termi	nation	Educa	tion						
23		☐ Yes ■ No	(	07/13/201	8					ociate Degi	ree		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American		ıknown	Not I	y anic or Latin Hispanic or I		Unknown	
Live Births:	N	umber now living	0						deceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations <b>0</b>				Numb	per of inc	luced termi	nations <b>0</b>			
		ot include this termin					l .						
						4		5					
Fetus delivered aliv  ☐ Yes  ■		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo	-	naitions (	of the patient that may	
Fetus viable?		If viable, medical	reason for term	nination:					Compli	cation(s) of I	Dragnanc	y Termination	
☐ Yes ■	No								None		_	ne Perforation	
									Hemorrhag		- ~ .	cal Laceration	
Pathological examination performed?	nation	If yes, results:							Infection		Retair	ned Products	
I *	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC				Other (Spec	cify)			
											ncy resu	It in a maternal death?	
								☐ Ye	es 🔳 N	0			
<b>D</b> 1				Type	of Termi	nation Procedur		4 :					
Procedure that Term  Medical (Nons						Additional Pr			rminated Pi Mifepriston				
☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) l	Misoprosto	l			
Medical (Nons	urgical)	Other (Specify)				☐ Medical	☐ Medical (Nonsurgical) Other (Specify)						
		rocedures, answer the following items we		estion		For Medical ( Check the bo							
☐ The manufactur	rer's instr	ructions provided to	_			☐ The man	ufactur	er's instr	uctions pro	vided to the	-		
The patient sign									atient agree				
	ical) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	ion Curetta strual Aspi	ration			
Medical (Surgi	ical) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)				
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proce	dures, answ	ver the follow	wing que	stion.	
	le or hav	e a post fertilization	age at least 20	weeks?			tus viab 'es [		e a post fei	tilization ag	e at least	20 weeks?	
_	_	answered yes, comp	lete the following	ng question	ıs.		_		answered y	es, complete	the follo	owing questions.	
	n the best ☐ No	opportunity to surviv	ve?						t opportunit	y to survive	?		
	_	dotomic-discusting	the		ad -		Yes L	_					
condition that requ	uired the	determination that procedure to avert of										ant woman had a rious impairment to	
the pregnant woman	n?					the pregnan	t woma	n?					
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(	3)	List the nam	e of the	second	doctor pres	sent, as requi	ired unde	er IC 16-34-2-3(a)(3)	
Date last normal me	enses hea	an		Physician	n estimate	e of gestation (i	in wook	5)	Post fa	rtilization ac	ge of the	fetus (in weeks)	
Date last normal life	_	KNOWN		1 my sicial	. Comman	6	WEEK	-1	1 031 10	ation as	4	in weeks)	
How were the gesta  ULTRASOUND EX	_	e and post fertilization TION, PELVIC EX	-	ied?					<u>.</u>				
Was a waiver of cons	sent obtain	ned?  Yes	: I	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ N	0	
Is the patient seeking	an aborti	on as a result of being	any of the follo	owing?	☐ Abu	ısed		Coerced		Harassed		Trafficked	
Full name of physic													
DR. JEFFREY D. O		ning termination (nu	mber and stree	t, city, state	e, and zin	code)							
1201 N ARLINGTO	-	=			~ <i>T</i>								
**Date Reported	to DCS	, if Patient under	6 (month, day,	, year):			_			_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or t	town, of pregna	•			County of	pregnancy MARI	termination	
Patient's age**	Marrie	ed	Date of pregn	ancy termi	nation	Educa	tion						
26		☐ Yes ■ No	(	07/13/201	8			ŀ		ol Diploma	or GED		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American		ıknown	■ Not l	y anic or Latin Hispanic or I		Unknown	
Live Births:	N	umber now living	0						deceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations 0				Numb	per of inc	luced termi	nations <b>0</b>			
		ot include this termin											
						4		5			6	the patient that may	
Fetus delivered aliv  ☐ Yes  ■		If yes, length of ti	me fetus surviv	red:					cate the abo		naitions of t	ne patient that may	
Fetus viable?		If viable, medical	reason for term	ination:					Compli	cation(s) of F	Pragnancy T	Carmination	
☐ Yes ■	No								None	· · · ·		Perforation	
									Hemorrhag			Laceration	
Pathological examination performed?	nation	If yes, results:							Infection		] Retained	l Products	
I *	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC				Other (Spe	cify)			
											ncy result i	n a maternal death?	
		<u> </u>						☐ Ye	es 🔳 N	U			
<b>D</b> 1	• . •=			Type	of Termi	nation Procedu		4 :					
Procedure that Term  Medical (Nons						Additional Pr			rminated Pi Mifepriston				
☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) l	Misoprosto	l			
Medical (Nons	urgical)	Other (Specify)				☐ Medical	cal (Nonsurgical) Other (Specify)						
				_							_		
		rocedures, answer the following items we		estion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed							
☐ The manufactur	rer's instr	ructions provided to	_			☐ The man	ufactur	er's instr	uctions pro	vided to the	-		
The patient sign									atient agree				
	cal) Mer	nstrual Aspiration			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration								
Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)				
		edures, answer the fo				For Medical (	_						
	le or hav	e a post fertilization	age at least 20	weeks?			tus viab 'es [		e a post fe	rtilization ag	e at least 20	) weeks?	
_	_	answered yes, comp	lete the following	ng question	ıs.	If the previou			answered y	es, complete	the followi	ng questions.	
	n the best ☐ No	opportunity to surviv	ve?				us giver Yes [		t opportuni	y to survive	?		
	_	determination that	the program	Woman 1	ad e			_	1.7	ء د ورايع		, , , ,	
condition that requ	aired the	procedure to avert of										t woman had a us impairment to	
the pregnant woman	n'?					the pregnan	t woma	n?					
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(	3)	List the name	e of the	second	doctor pres	sent, as requi	red under I	IC 16-34-2-3(a)(3)	
Date last normal me	enses heg	an		Physician	n estimate	e of gestation (i	n week	5)	Post fe	ertilization as	ge of the fet	us (in weeks)	
	_	23/2018				10			1 350 10		8		
How were the gesta ULTRASOUND EX	_	e and post fertilization. TION, PELVIC EX	-	ed?									
Was a waiver of cons	sent obtain	ned?	s • N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	any of the follo	owing?	Abu	ised		Coerced		Harassed	Tra	fficked	
Full name of physic DR. JEFFREY D. (				_			_				_		
		ning termination (nu	mber and stree	t, city, state	e, and zip	code)							
1201 N ARLINGTO	-	-			- r	· 							
**Date Reported	to DCS	, if Patient under	6 (month, day,	, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or	town, of pregna			County of pregnancy termination MARION				
Patient's age** 20	Marrie	ed Yes No	Date of pregnancy <b>07/1</b> :	termination 3/2018	Educa	tion	High Sch	ool Diploma or GED				
	n or Othe	ka Native er Pacific Islander fumber now living	= =	Black or Afric Other	can American			ty panic or Latino Hispanic or Latino				
Live Births:	N	umber of spontaneou	1 is terminations			Numb	er of induced tern	0 ninations				
Other Termination	15.		0	in (6) than a		Tvario		0				
1	15 ( <i>Do no</i>	ot include this termin	3	(0), inose m	4		5	6				
Fetus delivered alive		If yes, length of ti	me fetus survived:				List any preexist complicate the al	ing medical conditions of the patient that may portion				
Fetus viable?  Yes	No	If viable, medical	reason for termination	on:			None None	lication(s) of Pregnancy Termination  Uterine Perforation				
Pathological examir	nation	If yes, results:					☐ Hemorrha	<u> </u>				
performed?  Yes		CHORIONIC VIL	LAE, GESTATION	NAL SAC			☐ Infection ☐ Other (Sp	<b>—</b>				
								tion of pregnancy result in a maternal death?				
							☐ Yes ■ 1	NO				
Procedure that Term	ninated D	reonancy		Type of Termination Procedures  Additional Procedure that Terminated Pregnancy								
☐ Medical (Nons							rgical) Mifepristo	• •				
Medical (Nonsi							surgical) Misoprostol surgical) Other (Specify)					
Check the box indic	cating the rer's instr	rocedures, answer the following items we ructions provided to tient agreement	ere completed		For Medical (Nonsurgical) procedures, answer the following questic Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement							
Medical (Surgi	cal) Mei	nstrual Aspiration			☐ Medical	(Surgic	al) Suction Curet al) Menstrual Asp al) Other (Specify	piration				
Was the fetus viab		edures, answer the fo		s?		tus viab		wer the following question. ertilization age at least 20 weeks?				
	the best	answered yes, comp opportunity to survi-		nestions.	Was the fet	-	the best opportur	yes, complete the following questions. ity to survive?				
	ired the	determination that procedure to avert of				hat requ	ired the procedur	ation that the pregnant woman had a e to avert death or serious impairment to				
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16-34-2	2-3(a)(3)	List the nam	e of the	second doctor pr	esent, as required under IC 16-34-2-3(a)(3)				
Date last normal me	-	an <b>/26/2018</b>	Phy	ysician estima	te of gestation (a	in weeks	Post	fertilization age of the fetus (in weeks)  9				
How were the gesta: ULTRASOUND EX	_	e and post fertilization, PELVIC EX	-				I					
Was a waiver of cons					a waiver of not	tification	n obtained?	☐ Yes ■ No				
Is the patient seeking	an aborti	on as a result of being	any of the following	?	used	□ C	oerced [	☐ Harassed ☐ Trafficked				
Full name of physic DR. JEFFREY D. O	_											
Address of physicia	n perforr	ning termination (nu		, state, and zip	code)							
1201 N ARLINGTO	JN AVE	, INDIANAPULIS,	IIN 40219									
**Date Reported	to DCS	s, if Patient under	6 (month, day, year	·):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Ad THE WOMEN'S MED CENTE INDIANAPOLIS, IN, 46219	dress R OF INI	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or t	own, of preg	nancy ter			County of p	oregnancy termination MARION	
Patient's age** 36	Marrie [	d Yes • No	Date of pregna	ncy term 7/13/201		Edu	cation	н		ol Diploma	or GED	
Race American Indian of Native Hawaiian of	or Othe		Asian White	☐ Black		an American	Uı	nknown ber now d	■ Not I	y anic or Latino Hispanic or L		
Live Births:			0						uced termi	0		
Other Terminations:	'	umber of spontaneou	1		\		Nulli	ber of ma	ucea terrir	1		
Dates of terminations  1. 2018		1998	3	an six (0)	), tnose me 	ost recent.) 4		5			6	
Fetus delivered alive?  ☐ Yes ■ No		If yes, length of ti	me fetus survive	ed:					y preexisting preexisting preexisting preexisting and the about th	-	nditions of the patient that may	
Fetus viable?  Yes No	o	If viable, medical	reason for termi	nation:					None		regnancy Termination Uterine Perforation Cervical Laceration	
Pathological examinat performed?  Yes N		If yes, results:  CHORIONIC VIL	LAE, GESTAT	TIONAL :	SAC			_ 1	Hemorrhag Infection Other (Spec		Retained Products	
								Did thi ☐ Ye			ncy result in a maternal death?	
				Tyne	of Termi	nation Proce	dures	•	-			
Procedure that Termin	nated Pr	regnancy		- JPC	Type of Termination Procedures  Additional Procedure that Terminated Pregnancy							
☐ Medical (Nonsurg	gical) I	Misoprostol				☐ Medic	al (Nonsi	argical) Mifepristone argical) Misoprostol argical) Other (Specify)				
For Medical (Nonsurg Check the box indicat  The manufacturer  The patient signed  Medical (Surgica Medical (Surgica Medical (Surgica	ting the sinstruction of the pate of the p	following items we uctions provided to ient agreement ion Curettage astrual Aspiration	ere completed	stion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)						
If the previous question	or have No on was a	e a post fertilization answered yes, comp	age at least 20 w	eeks?	ns.	For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  If the previous question was answered yes, complete the following question.						
Was the fetus given the Silvent Silve		opportunity to survi	ve?				etus give Yes [		opportunit	y to survive?		
What was the basis condition that requir the pregnant woman?						What wa	as the b	asis for uired the			e pregnant woman had a th or serious impairment to	
List the name of the se	econd do	octor present, as requ	ired under IC 16-	34-2-3(a)	(3)	List the na	ime of the	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal mens	Date last normal menses began Physician 04/30/2018							cs)	Post fe	ertilization ag	e of the fetus (in weeks)  8	
How were the gestation	-	ed?										
Was a waiver of consen						a waiver of r				Yes	■ No	
Is the patient seeking an			g any of the follow	ving?	☐ Abu	ised	<u> </u>	Coerced		Harassed	☐ Trafficked	
DR. JEFFREY D. GL	AZER											
Address of physician p		-		city, stat	e, and zip	code)						
**Date Reported to DCS, if Patient under 16 (month, day, year):												

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF	LINGTON AVE,		City or t	own, of pregna	•			County of p	pregnancy termination  MARION	
Patient's age**	Marrie	d	Date of pregna	ancy termin	nation	Educat	tion					
20		Yes No	0	7/13/2018	8			ŀ		ool Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Black ■ Other		an American		known	☐ Not 1	y anic or Latino Hispanic or L		
Live Births:	N	umber now living	0						deceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	per of inc	luced termi	inations <b>0</b>		
Dates of termination		ot include this termin	v			,						
Fetus delivered aliv		If yes, length of ti				4		5	v preevictin	ng medical con	6 nditions of the patient that may	
Yes Yes		ii yes, lengui oi u	me ietus sui vive	zu.					cate the abo	-	rations of the patient that may	
Fetus viable?		If viable, medical	reason for termi	ination:					Compli	cation(s) of P	regnancy Termination	
☐ Yes ■	No								None	_	Uterine Perforation	
									Hemorrhag	_	Cervical Laceration	
Pathological examination performed?	nation	If yes, results:							Infection		Retained Products	
I *	No	CHORIONIC VIL	LAE, GESTAT	TIONAL S	SAC				Other (Spe	cify)		
								Did thi			ncy result in a maternal death?	
		1		<i></i>	cm :				o IN			
Drogodyro that T	nineta J D	roananav		Туре	of Termin	nation Procedur		that T	rminate J D	ragnerati		
Procedure that Term  Medical (Nons						Additional Pr			minated P			
Medical (Nons	urgical)	Misoprostol				☐ Medical	Nonsu(	surgical) Misoprostol surgical) Other (Specify)				
in Medical (Nolls	urgicar)	Other ( <i>specify</i> )				Wiedicai	(INOIISU	igicai) (	Julei (Spec	<i>:1JY)</i>		
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)         For Medical (Nonsurgical) procedures, answer the following question       For Medical (Nonsurgical) procedures, answer the following question         Check the box indicating the following items were completed       Check the box indicating the following items were completed         ☐ The manufacturer's instructions provided to the patient       ☐ The manufacturer's instructions provided to the patient												
The manufactural The patient sign			me patient						atient agree			
Medical (Surgi									ion Curetta			
Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi er ( <i>Specify</i> )			
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question	n		For Medical (	Surgica	al) proce	dures answ	ver the follow	ving question	
		e a post fertilization									e at least 20 weeks?	
	No No was	answered yes, comp	lete the followin	o anestion	ıs	If the previou		] No ion was a	answered v	es complete t	the following questions.	
Was the fetus given		opportunity to survi		ig question		Was the fetu	-	the best	•	ty to survive?	• .	
	uired the	determination that procedure to avert of					nat requ	ired the			e pregnant woman had a th or serious impairment to	
						program	omu					
List the name of the <b>N/A</b>	second d	octor present, as requ	red under IC 16-	-34-2-3(a)(3	3)	List the name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)	
Date last normal me	-	an KNOWN		Physician	n estimate	e of gestation (i	n weeks	5)	Post fe	ertilization ag	e of the fetus (in weeks)	
How were the gesta		8					6					
ULTRASOUND EX	_	-	_									
Was a waiver of cons	sent obtain	ned?	■ N	О	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the follow	wing?	☐ Abu	ised		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. JEFFREY D. (	_											
		ning termination (nu	mber and street,	, city, state	, and zip	code)						
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219									
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,	City	or town, o	f pregna	-			County of J	pregnancy termination MARION		
Patient's age** 37	Marrie	d Yes No	Date of pregnanc	cy termination	1	Educat	tion	н	igh Scho	ol Diploma	or GED		
Race American Indian				Black or A	frican Am	erican	_			anic or Latino			
☐ Native Hawaiiar  Live Births:		umber now living	■ White	Other				known er now d		Hispanic or L  0	atino Unknown		
Other Termination	ns: N	umber of spontaneor					Numb	er of ind	aced termi				
Dates of termination		ot include this termin		ı six (6), those	e most rece	ent.)							
Fetus delivered alive	e?		me fetus survived:		_ 4			-	preexisting ate the abo	-	nditions of the patient that may		
Fetus viable?  Yes	No	If viable, medical	reason for termina	tion:				_	None		Tregnancy Termination  Uterine Perforation		
Pathological examin performed?  • Yes		If yes, results: CHORIONIC VIL	LAE, GESTATIC	ONAL SAC				I:	Hemorrhag nfection Other (Spec		Cervical Laceration Retained Products		
								Did this ☐ Yes			ncy result in a maternal death?		
				Type of Ter									
Procedure that Term  Medical (Nonst Medical (Nonst Medical (Nonst	urgical) urgical)	Mifepristone Misoprostol				Medical Medical	(Nonsu	rgical) M rgical) M	minated Professional Profession of Professio	le l			
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration  For Medical (Nonsurgical) The manufacture The patient signed Medical (Surgical) Medical (Surgical) Medical (Surgical) Medical (Surgical)									rgical) procedures, answer the following question rating the following items were completed rer's instructions provided to the patient med the patient agreement real) Suction Curettage ral) Menstrual Aspiration real) Other (Specify)				
☐ Yes [ If the previous quest Was the fetus given ☐ Yes [ What was the ba	le or hav No tion was the best No sis for	e a post fertilization	age at least 20 wee lete the following ove?	questions.	Wa If the Wa Wh	as the fet Y e previous s the fetu Y A at was	tus viables cus questing given as given the banat requires.	le or have No on was at the best No sis for or	e a post fer nswered y opportunit	es, complete by to survive?	ving question. e at least 20 weeks? the following questions. e pregnant woman had a th or serious impairment to		
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16-34	-2-3(a)(3)	List	the name	e of the	second o	loctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)		
Date last normal me	_	an KNOWN	P	hysician estir	_	station (ii	n weeks	<u>-</u> -	Post fe	ertilization ag	e of the fetus (in weeks)		
How were the gestat	?		_										
Was a waiver of cons		10.			/as a waiv	er of not				Yes	■ No		
Is the patient seeking  Full name of physic  DR. JEFFREY D. C  Address of physician	ian perfo	rming termination			Abused  zip code)		<u> </u>	oerced		Harassed	☐ Trafficked		
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219										
**Date Renorted	**Date Reported to DCS, if Patient under 16 (month, day, year):												

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAP INDIANAPOLIS, IN, 46219	POLIS - 1201 N AR	LINGTON AVE,	City o		oregnancy IDIANAF	termination	n	County of p	oregnancy termination MARION		
Patient's age** Married 23 Yes	s • No	Date of pregnance	cy termination		Education	1	Asso	ociate Degre	90		
Race American Indian or Alaska Nat Native Hawaiian or Other Pacit			Black or Afr	rican Ameri		Unknown	■ Not I	nnic or Latino Hispanic or La			
Live Births:		0						0			
Other Terminations.		is terminations 1				umber of in	duced termi	nations 1			
Dates of terminations (Do not include) 1. 2017 2. 2015		ation. If more than 3.	ı six (6), those	most recent	t.)	5.			6.		
		me fetus survived:					ny preexistin licate the abo	-	ditions of the patient that may		
Fetus viable?	able, medical	reason for termina	tion:				None		regnancy Termination Uterine Perforation		
Pathological examination performed?  Yes No	es, results:						Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products		
						Did th			acy result in a maternal death?		
			Type of Terr	nination Pr	ocedures						
Procedure that Terminated Pregnan	•		Additional Procedure that Terminated Pregnancy								
■ Medical (Nonsurgical) Mifept ■ Medical (Nonsurgical) Misop	rostol				edical (No	onsurgical)	urgical) Mifepristone urgical) Misoprostol urgical) Other (Specify)				
For Medical (Nonsurgical) procedu Check the box indicating the follow  The manufacturer's instruction The patient signed the patient ag Medical (Surgical) Suction Co Medical (Surgical) Menstrual Medical (Surgical) Other (Spe	wing items we as provided to greement urettage Aspiration	re completed	on	For Medical (Nonsurgical) procedures, answer the following questio Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)							
For Medical (Surgical) procedures,  Was the fetus viable or have a pos  Yes No  If the previous question was answe	st fertilization	age at least 20 wee		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 week  Yes No  If the previous question was answered yes, complete the following questions.							
Was the fetus given the best opport	-	_	questions.	_	he fetus g		-	y to survive?	and following questions.		
What was the basis for determ condition that required the proceed the pregnant woman?				condi		required the			pregnant woman had a h or serious impairment to		
List the name of the second doctor p	oresent, as requi	red under IC 16-34	l-2-3(a)(3)	List th	e name of	f the second	doctor pres	ent, as requir	red under IC 16-34-2-3(a)(3)		
Date last normal menses began 05/10/20		hysician estim	ate of gesta	tion (in w	veeks)	Post fe	rtilization age	e of the fetus (in weeks) 7			
How were the gestational age and pull ULTRASOUND EXAMINATION	oost fertilizatio	n age determined?	?								
Was a waiver of consent obtained?	☐ Yes					cation obtain		Yes	■ No		
Is the patient seeking an abortion as a Full name of physician performing		any of the following	ng? ∐ A	bused	L	Coerced	L	Harassed	☐ Trafficked		
DR. JEFFREY D. GLAZER		1 1		• 1)							
Address of physician performing te 1201 N ARLINGTON AVE, INDI			ay, state, and z	up code)							
**Date Reported to DCS, if Pa											

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Patient's age**	Marrie		Date of pregn	•		Educa	tion					
25 Race		Yes No	(	07/13/201	18				Asso Ethnicity	ociate Degr	ee	
American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Black		an American		ıknown	☐ Hispa ■ Not I	y anic or Latino Hispanic or L		vn
Live Births:	N	umber now living	1					oer now d		0		
Other Termination	ns: N	umber of spontaneo	us terminations <b>0</b>				Numb	per of indi	uced termi	nations 1		
Dates of termination	ns ( <i>Do no</i>	ot include this termin	nation. If more th	han six (6)	), those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					preexisting preexi		ditions of the patient that	may
Fetus viable?  Yes  •	No	If viable, medical	reason for term	ination:					None		regnancy Termination Uterine Perforation	
Pathological examir performed?		If yes, results:						☐ I	Hemorrhag nfection Other (Spec		Cervical Laceration Retained Products	
								Did this ☐ Yes			ncy result in a maternal of	death?
				Туре	of Termi	nation Procedu	res					
Procedure that Term						Additional Pr				-		
Medical (Nons) Medical (Nons) Medical (Nons)	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) M	difepriston disoproston other (Spec	l		
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)         For Medical (Nonsurgical) procedures, answer the following question       For Medical (Nonsurgical) procedures, answer the following question         Check the box indicating the following items were completed       Check the box indicating the following items were completed         ☐ The manufacturer's instructions provided to the patient       ☐ The manufacturer's instructions provided to the patient         ☐ The patient signed the patient agreement       ☐ The patient signed the patient agreement         ☐ Medical (Surgical) Suction Curettage       ☐ Medical (Surgical) Suction Curettage         ☐ Medical (Surgical) Other (Specify)       ☐ Medical (Surgical) Other (Specify)										ompleted		
	le or hav □ No	e a post fertilization	age at least 20 v	weeks?	ns.	☐ Y	tus viab 'es [	ole or have	e a post fer	rtilization age	ing question. at least 20 weeks?	
Was the fetus given		opportunity to survi		<i>O</i> 1		Was the fet	•	the best	•	ty to survive?	<i>2</i> 1	
	ired the	determination that procedure to avert					hat requ	aired the			pregnant woman ha h or serious impairmen	
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second o	loctor pres	sent, as requi	red under IC 16-34-2-3(	(a)(3)
Date last normal me	05/	14/2018		-	n estimat	e of gestation (a	in week:	s)	Post fe	ertilization ag	e of the fetus (in weeks)  6	
How were the gestar ULTRASOUND EX	_	-	on age determin	ed?					·			
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	d?	☐ Yes	■ No	
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	Trafficked	
Full name of physic DR. JEFFREY D. C	-	•										
Address of physicia 1201 N ARLINGTO	-	-		t, city, state	e, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

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Patient's age**	Marrie	d	Date of pregn	nancy termi	nation	Educat	tion								
17		Yes No	(	07/13/201	8			ŀ		ol Diploma	a or GEI	D			
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Black □ Other		an American		ıknown	■ Not l	y anic or Latin Hispanic or I		Unknown			
Live Births:	N	umber now living	1						deceased	0					
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	per of inc	luced termi	nations <b>0</b>					
Dates of termination								_			,				
Fetus delivered aliv	e?	If yes, length of ti				4			y preexistin			of the patient that may			
Fetus viable?		If viable, medical	reason for term	nination:											
☐ Yes ■	No								•			y Termination			
									None Hemorrhag			ne Perforation cal Laceration			
Pathological examir performed?	nation	If yes, results:						_	Infection		Retain	ned Products			
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC				Other (Spec	cify)					
								Did thi			ncy resul	It in a maternal death?			
		1		<b>T</b>	C.T.			1¢	,, <u> </u>	0					
Procedure that Term	ninated P	reanancy		Туре	of Termii	Additional Procedure that Terminated Pregnancy									
☐ Medical (Nons						Medical (Nonsurgical) Mifepristone									
☐ Medical (Nons	urgical)	Misoprostol		Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)											
☐ Medical (Nonsurgical) Other (Specify) ☐ M								Medical (Noticinal Specify)							
For Medical (Nonsu	ırgical) pı	ocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the fol	llowing a	uestion			
Check the box indic	cating the	following items we	ere completed			Check the bo	x indic	cating the following items were completed urer's instructions provided to the patient							
The manufactur  The patient sign		uctions provided to tient agreement	the patient			_			uctions pro atient agree		patient				
Medical (Surgi									ion Curetta						
Medical (Surgi		strual Aspiration er (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)									
For Medical (Surgic	cal) proce	dures, answer the fo	llowing questic	on.		For Medical (	Surgica	al) proce	dures ansv	ver the follow	wing ques	stion			
Was the fetus viab	le or have	e a post fertilization				Was the fet	tus viab	le or hav		rtilization ag					
☐ Yes  If the previous ques	■ No tion was	answered yes, comp	lete the following	ng question	ıs.	_	es [ s questi		answered y	es, complete	the follo	owing questions.			
Was the fetus given	the best	opportunity to surviv		<i>C</i> 1		Was the fett	us give <u>r</u>	the bes	-	ty to survive					
	□No						Yes L	」 No							
	aired the	determination that procedure to avert of					nat requ	iired the				ant woman had a rious impairment to			
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the N/A							e of the	esecond	doctor pres	sent, as requi	ired unde	er IC 16-34-2-3(a)(3)			
Date last normal menses began  UNKNOWN  Physician estimate of							n weeks	s)	Post fe	ertilization ag		fetus (in weeks)			
How were the gesta			on age determin	led?		10					8				
ULTRASOUND EX	_	-	-												
Was a waiver of cons	sent obtain	ned?	: • N	No	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ N	0			
Is the patient seeking			any of the follo	owing?	☐ Abu	ısed		Coerced		Harassed	П	Trafficked			
Full name of physic DR. JEFFREY D. (															
Address of physicia	n perforn	ning termination (nu		t, city, state	e, and zip	code)									
1201 N ARLINGTO	ON AVE	INDIANAPOLIS,	IN 46219												
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or t	town, of pregna	•			County of	pregnancy MAR	termination		
Patient's age**	Marrie	d	Date of pregn	ancy termin	nation	Educat	tion							
28	[	Yes No	(	07/13/2018	3			ŀ		ol Diploma	or GED			
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black ☐ Other		an American		ıknown	■ Not l	y anic or Latin Hispanic or I		Unknown		
Live Births:	N	umber now living	1				Numb	per now o	deceased	0				
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	per of inc	luced termi	nations <b>0</b>				
Dates of termination														
						4		5		1: 1	6			
Fetus delivered aliv  ☐ Yes  ■		If yes, length of ti	me fetus surviv	red:					y preexisting cate the abo		nditions of	the patient that may		
Fetus viable?		If viable, medical	reason for term	ination:					Compli	nation(s) of E	Dragnonas /	Termination		
☐ Yes ■	No								None	`		Perforation		
									Hemorrhag			l Laceration		
Pathological examin performed?	nation	If yes, results:							Infection		] Retained	d Products		
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	AC				Other (Spe	cify)				
											ncy result	in a maternal death?		
								☐ Ye	es 🔳 N	0				
				Туре о	of Termi	nation Procedur	res							
Procedure that Term						Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone								
☐ Medical (Nons ☐ Medical (Nons									Mifepristor Misoprosto					
Medical (Nons								Other (Spec						
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement										estion				
Medical (Surgi		tion Curettage estrual Aspiration							ion Curetta					
Medical (Surgi						☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
For Medical (Surgio	cal) proce	dures answer the fo	llowing questio	nn		For Medical (	Surgice	gical) procedures, answer the following question.						
		e a post fertilization					_			tilization age				
	■ No	anguard was same	lata tha fallawi	na avastian		_	es [		amarramad v	aa aammlata	the fellow	ing quartians		
If the previous ques Was the fetus given		opportunity to survi		ng questions	S.	_	-		-	es, complete by to survive?		ing questions.		
□Yes	□No						Yes [		11	,				
	aired the	determination that procedure to avert of					nat requ	iired the				at woman had a bus impairment to		
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  N/A  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)								ired under	IC 16-34-2-3(a)(3)					
Date last normal menses began Physician estimate o							n week:	s)	Post fe	ertilization ag	ge of the fe	tus (in weeks)		
How were the gesta	tional age	e and post fertilization	-	ed?		6								
Was a waiver of cons		•		Jo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No			
Is the patient seeking					Abu			Coerced		Harassed		afficked		
Full name of physic DR. JEFFREY D. (														
Address of physicia			mber and street	t, city, state,	, and zip	code)								
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219											
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Addre THE WOMEN'S MED CENTER OF INDIANAPOLIS, IN, 46219	SS F INDIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or to	wn, of pregna			County of pregnancy termination MARION			
Patient's age** Ma	rried Yes No	Date of pregnancy term <b>07/13/20</b> °		Educat	tion	Asso	ociate Degree			
Race American Indian or A Native Hawaiian or O		☐ Asian ☐ Blac☐ White ☐ Othe	k or Africar er	n American	Unl		y anic or Latino Hispanic or Latino			
Live Births:	Number of spontaneon	5 sterminations				er of induced termi	nations 0			
Other Terminations:  Dates of terminations (December 1)		0	\ .1		rumo	er or madeed termi	2			
2017	2. <b>2000</b>	3	), those mos 4.	i receni.)		5	6			
Fetus delivered alive?  ☐ Yes ■ No	If yes, length of ti	me fetus survived:				List any preexistin complicate the abo	g medical conditions of the patient that may ortion			
Fetus viable? ☐ Yes ■ No	If viable, medical	reason for termination:				■ None	cation(s) of Pregnancy Termination  Uterine Perforation			
Pathological examination	If yes, results:					<ul><li>☐ Hemorrhag</li><li>☐ Infection</li></ul>	Cervical Laceration  Retained Products			
performed?  ■ Yes □ No	CHORIONIC VIL	LAE, GESTATIONAL	SAC			Other (Spec	_			
						Did this terminati ☐ Yes ■ N	on of pregnancy result in a maternal death?			
	I	Trmo	of Termina	ntion Procedur	es					
Procedure that Terminate	d Pregnancy	1 ype			that Terminated P	regnancy				
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica ☐ Medical (Nonsurgica	al) Mifepristone			☐ Medical ☐ Medical	(Nonsur (Nonsur	gical) Mifepristor gical) Misoprosto	ne I			
For Medical (Nonsurgical Check the box indicating  The manufacturer's in  The patient signed the  Medical (Surgical)  Medical (Surgical)  Medical (Surgical)  For Medical (Surgical) pr  Was the fetus viable or h  Yes No  If the previous question w  Was the fetus given the b  Yes No  What was the basis for condition that required to the pregnant woman?	the following items we instructions provided to patient agreement. Suction Curettage Menstrual Aspiration Other (Specify)  ocedures, answer the formave a post fertilization or as answered yes, computest opportunity to survivor determination that	llowing question. age at least 20 weeks? lete the following question. the pregnant woman 1	ons.	Medical (Nonsurgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed   The manufacturer's instructions provided to the patient   The patient signed the patient agreement   Medical (Surgical) Suction Curettage   Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)  For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?   Yes						
List the name of the secon	d doctor present, as requ	ired under IC 16-34-2-3(a)	0(3)	List the name of the second doctor present, as required under IC 16-34-2-3(a)						
Date last normal menses l	pegan 05/15/2018	Physicia	an estimate	of gestation (i	n weeks,	) Post fe	ertilization age of the fetus (in weeks)  6			
How were the gestational ULTRASOUND EXAMI		-				1				
Was a waiver of consent ob	otained? Yes	s • No	Was a	waiver of not	ification	obtained?	☐ Yes ■ No			
Is the patient seeking an about	ortion as a result of being	any of the following?	Abuse	ed	☐ Co	oerced _	Harassed Trafficked			
Full name of physician pe	-									
Address of physician perf	Forming termination (nu		te, and zip c	ode)						
	**Date Reported to DCS, if Patient under 16 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or	town, of pregna			County of pregnancy termination MARION				
Patient's age** 21	Marrie	ed Yes No	Date of pregnancy terr 07/13/20		Educa	tion	High Sc	nool Diploma or GED				
Race American Indian Native Hawaiian Live Births:	n or Othe		☐ Asian ☐ Bla ☐ White ■ Oth		an American			ity spanic or Latino t Hispanic or Latino				
	N	umber of spontaneou	1 us terminations			Numb	er of induced ter	ninations				
Other Termination	15.		ation. If more than six (6	() those m	act recent )			0				
1	2	2	3		4		5	6				
Fetus delivered alive		If yes, length of ti	me fetus survived:				List any preexist complicate the a	ting medical conditions of the patient that ma bortion				
Fetus viable?  Yes	No	If viable, medical	reason for termination:				None None	lication(s) of Pregnancy Termination  Uterine Perforation				
Pathological examir	nation	If yes, results:					☐ Hemorrh	_				
performed?  Yes		CHORIONIC VIL	LAE, GESTATIONAL	SAC			☐ Infection ☐ Other (Si	<b>—</b>				
							Did this termina  Yes	ation of pregnancy result in a maternal dea No				
			Тур	e of Termi	nation Procedu	res						
Procedure that Term				Additional Procedure that Terminated Pregnancy								
Medical (Nonsi Medical (Nonsi Medical (Nonsi	urgical)	Misoprostol			<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>							
I Wedlear (140h)	urgicur)	other (speetyy)		Wiedicar	(1101134	igical) Other (sp	ectyy)					
Check the box indic	cating the rer's instr	rocedures, answer the following items we ructions provided to	ere completed		Check the bo	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement						
☐ The patient sign ☐ Medical (Surgi					Ine patient signed the patient agreement  Medical (Surgical) Suction Curettage							
	cal) Mei	nstrual Aspiration			Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)							
Was the fetus viab	le or hav	edures, answer the fo	llowing question. age at least 20 weeks?		Was the fe	tus viab	le or have a post	swer the following question. fertilization age at least 20 weeks?				
	No tion was	answered ves. comp	lete the following questi	ons.	If the previou	_	No on was answered	yes, complete the following questions.				
	the best	opportunity to surviv			Was the fet	-	the best opportu					
	ired the		the pregnant woman death or serious impairn			hat requ	ired the procedu	nation that the pregnant woman had a re to avert death or serious impairment to				
List the name of the <b>N/A</b>	octor present, as requ	ired under IC 16-34-2-3(a	List the name of the second doctor present, as required under IC 16-34-2-3(a									
Date last normal menses began Physician estimate  05/10/2018						in weeks	Post	fertilization age of the fetus (in weeks)  6				
How were the gesta  ULTRASOUND EX	_	e and post fertilization	=									
Was a waiver of cons				Was	a waiver of not	tificatio	n obtained?	☐ Yes ■ No				
			any of the following?	☐ Abı	ısed	□ C	oerced	Harassed Trafficked				
Full name of physic DR. JEFFREY D. (	_											
	n perform	ning termination (nu	mber and street, city, sta	te, and zip	code)							
		,	· · · · · ·									
**Date Reported	to DCS	s, if Patient under	6 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219		City or t	own, of preg	gnancy ter ANAPOI			County of p	oregnancy termination  MARION				
Patient's age** 19	Marrie	d Yes No	Date of pregna	ncy termi 7/13/201		Edu	ication		Asso	ociate Degr	ee	
	n or Othe		Asian White	☐ Black		an Americar	Uı	nknown ber now de	■ Not I	nnic or Latino Hispanic or L		
Live Births:	N		0					ber of indu		0		
Other Termination	15.	umber of spontaneou	0				Nulli	oei oi iiidu	ceu terriri	0		
Dates of termination	1S ( <i>Do no</i> 2	ot include this termin	ation. If more the	an six (6),	, those mo	ost recent.) 4		5			6	
Fetus delivered alive		If yes, length of ti		d:				-	preexisting the about	-	nditions of the patient that may	
Fetus viable?  Yes	No	If viable, medical	reason for termin	nation:					one		regnancy Termination  Uterine Perforation	
Pathological examin performed?		If yes, results:						☐ In	emorrhag fection ther (Spec		Cervical Laceration Retained Products	
								Did this Yes	terminatio		ncy result in a maternal death?	
				Type	of Termir	nation Proce	dures					
Procedure that Term		Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone										
Medical (Nonsi     Medical (Nonsi     Medical (Nonsi												
For Medical (Nonsu Check the box indic  The manufactur  The patient sign  Medical (Surgion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)										
		edures, answer the fo	• .			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No						
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi-		g question	18.	Was the	-	n the best o	-	es, complete to y to survive?	the following questions.	
	ired the	determination that procedure to avert of				condition		uired the p			e pregnant woman had a th or serious impairment to	
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)						List the n	ame of the	e second do	octor pres	ent, as requi	red under IC 16-34-2-3(a)(3)	
Date last normal menses began  05/17/2018  Physician estima						e of gestation	n (in week	es)	Post fe	rtilization ag	e of the fetus (in weeks)  6	
How were the gestar	_	-	on age determine	d?								
Was a waiver of cons					Was	a waiver of			1?	Yes	■ No	
Is the patient seeking			any of the follov	ving?	Abu	sed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. JEFFREY D. 0	-											
Address of physicia	n perforn	ning termination (nu		city, state	e, and zip	code)						
1201 N ARLINGTO	JN AVE	, INDIANAPOLIS,	IN 40219									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF	LINGTON AVE,		City or t	town, of pregna	•			County of		cy termination ARION		
Patient's age**	Marrie	d	Date of pregn	ancy termin	nation	Educa	tion							
32	[	Yes No	(	07/13/2018	8					Grade or Le	ess			
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black ■ Other		an American		known	☐ Not I	y anic or Latin Hispanic or I		Unknown		
Live Births:	N	umber now living	3						deceased	0				
Other Termination	ns: N	umber of spontaneou	s terminations <b>0</b>				Numb	er of inc	luced termi	nations <b>2</b>				
Dates of termination 1. 2005		0005				ost recent.)		5			6			
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin	-	nditions	of the patient that may		
Fetus viable?  Yes  Yes	No	If viable, medical	reason for term	ination:				•	Complie		_	ry Termination ne Perforation		
Pathological examin performed?	nation No	If yes, results:  CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC				Hemorrhag Infection Other (Spec	e [	] Cervi	cal Laceration ned Products		
								Did thi			incy resu	It in a maternal death?		
				Туре	of Termi	nation Procedur	res							
Procedure that Term	ninated P	regnancy				Additional Procedure that Terminated Pregnancy								
☐ Medical (Nons ☐ Medical (Nons ☐ Medical (Nons	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)													
Check the box indicating the following items were completed  ☐ The manufacturer's instructions provided to the patient  ☐ The patient signed the patient agreement  ☐ Medical (Surgical) Suction Curettage  ☐ Medical (Surgical) Menstrual Aspiration  ☐ Medical (Surgical) Menstrual Aspiration														
☐ Yes If the previous ques Was the fetus given	le or have No tion was	e a post fertilization	age at least 20 vete the following	weeks?	18.	☐ Y If the previou Was the fett	tus viab es [ s questi	le or have No ion was a	ve a post fer	rtilization ag	e at least			
	aired the	determination that procedure to avert of					nat requ	ired the				ant woman had a rious impairment to		
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)								ired und	er IC 16-34-2-3(a)(3)					
Date last normal menses began  UNKNOWN  Physician estimate of getting the strength of the stre							n weeks	s)	Post fe	ertilization ag	ge of the	fetus (in weeks)		
How were the gesta  ULTRASOUND EX	_	-	_	ed?										
Was a waiver of cons	sent obtain	ned?	■ N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ N	(o		
Is the patient seeking	an aborti	on as a result of being	any of the follo	owing?	☐ Abu	ised		Coerced		Harassed		Γrafficked		
Full name of physic DR. JEFFREY D. (	GLAZER		, .											
Address of physicia 1201 N ARLINGTO	-	-		t, city, state	e, and zip	code)								
**Date Reported	to DCS	, if Patient under	6 (month, day,	, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Reports for all other patients shall be submitted to the Indiana State Department of Health no later than 30 days after each termination is

periorinea.	ialiure to file t	ilis report on	time as required is a	Class B II	nisuemeanor p	bel IC IC	0-34-2-3(	u).				
Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF INDIANAR	OLIS - 1201 N A	RLINGTON AVE,	City or	town, of pregna	ncy term			County of p	pregnancy termination MARION		
Patient's age** 34	Married Ye	s 🔳 No	Date of pregnancy terr 07/13/20		Educa	tion		Bacl	helor's Degr	ree		
Race American Indian Native Hawaiian Live Births:	n or Other Paci		☐ Asian ☐ Bla ■ White ☐ Oth		can American	Unki		■ Not	y panic or Latino Hispanic or L <b>0</b>			
Other Termination	Number	of spontaneo	us terminations			Numbe	er of induc	ed term	inations			
		ıde this termir	<b>0</b> nation. If more than six (0	5), those m	ost recent.)				0			
1			3				5			6		
Fetus delivered alive	,	es, length of t	me fetus survived:				List any p complicat		-	nditions of the patient that may		
Fetus viable?	If v	iable, medical	reason for termination:									
☐ Yes ■	No						_	_		regnancy Termination		
							■ No		_	Uterine Perforation		
Pathological examin	nation If ye	es, results:						morrhag				
performed?	0116							ection her (Spe		Retained Products		
■ Yes □	No CHO	DRIONIC VIL	LAE, GESTATIONAL	SAC			☐ Oii	псі (зре	cijy)			
							Did this to			ncy result in a maternal death?		
			Тур	e of Termi	nation Procedu					_		
Procedure that Term		Additional Pr										
☐ Medical (Nonsi				gical) Mi								
Medical (Nonsi			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)									
For Medical (Nonsu Check the box indic  The manufactur  The patient sign	eating the follower's instruction	wing items was provided to	=		Check the bo	or Medical (Nonsurgical) procedures, answer the following question heck the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement						
Medical (Surgional Control Contro					☐ Medical	(Surgical	l) Suction	Curetta	age			
☐ Medical (Surgion Med					☐ Medical	(Surgical	l) Menstr	ual Asp	iration			
Wiedical (Surgi	car) Onici (Spe	cijy)			Medical (Surgical) Other (Specify)							
For Medical (Surgic									wer the follow			
	le or have a pos	st fertilization	age at least 20 weeks?			tus viable 'es		a post fe	ertilization age	e at least 20 weeks?		
		red yes, comp	lete the following questi	ons.	_	_		wered y	es, complete	the following questions.		
Was the fetus given		tunity to survi	ve?		Was the fet	us given t	the best of		ty to survive?			
□Yes [	□No					Yes	No					
			the pregnant woman							e pregnant woman had a		
the pregnant woman		dure to avert	death or serious impairn	nent to	condition the pregnan			ocedure	to avert deat	th or serious impairment to		
1 5					ine prognan	oman	-					
List the name of the <b>N/A</b>	second doctor p	resent, as requ	ired under IC 16-34-2-3(a	1)(3)	List the nam	e of the s	second do	ctor pre	sent, as requi	red under IC 16-34-2-3(a)(3)		
Date last normal me	enses hegan		Physics	ian estimat	e of gestation (i	in weeks)		Post f	ertilization ag	ge of the fetus (in weeks)		
Zato last normal file	05/05/20	18	1 Hysici	Comma	9	reens)			ation ag	7		
How were the gestar			_									
ULTRASOUND EX	CAMINATION	, PELVIC EX	AMINATION									
Was a waiver of cons	sent obtained?	☐ Ye	s • No	Was	a waiver of not	tification	obtained'	?	Yes	■ No		
Is the patient seeking	an abortion as a	result of being	g any of the following?	☐ Ab	used	Со	erced		Harassed	☐ Trafficked		
Full name of physic		termination										
DR. JEFFREY D. C			7		1 1							
1201 N ARLINGTO	-		umber and street, city, sta IN 46219	ue, and zip	coae)							
	,	,	- <del>-</del>									
**Date Reported	to DCS, if Pa	itient under	16 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,		City or t	own, of pregna	•			County of p	oregnancy termination MARION				
Patient's age**	Marrie	ed .	Date of pregna	ancy termin	nation	Educat	tion								
20		Yes No	0	7/13/2018	8			Н		ol Diploma	or GED				
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Black ■ Other		an American		known	☐ Not I	y anic or Latino Hispanic or La					
Live Births:	N	umber now living	0					er now d		0					
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	er of ind	uced termi	nations <b>0</b>					
Dates of termination		ot include this termin	v			,									
1						4		5		1: 1	6				
Fetus delivered aliv		If yes, length of ti	me fetus survive	ed:					y preexistin cate the abo	-	nditions of the patient that may				
Fetus viable?		If viable, medical	reason for termi	ination:				-	Compli	cation(s) of D	regnancy Termination				
☐ Yes ■	No								None		Uterine Perforation				
									Hemorrhag		Cervical Laceration				
Pathological examination performed?	nation	If yes, results:							Infection		Retained Products				
I *	No	CHORIONIC VIL	LAE, GESTAT	TIONAL S	SAC				Other (Spec	cify)					
											ncy result in a maternal death				
		<u> </u>					Yes No								
				Туре	of Termin	nation Procedur									
	☐ Medical (Nonsurgical) Mifepristone ☐								minated Pr	•					
Medical (Nons					Mifepriston Misoprosto										
								Medical (Nonsurgical) Other (Specify)							
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement															
■ Medical (Surgi ■ Medical (Surgi		tion Curettage istrual Aspiration							ion Curetta strual Aspi						
Medical (Surgi									r (Specify)						
For Medical (Surgio	cal) proce	edures, answer the fo	llowing question	n.		For Medical (	Surgica	ıl) proced	dures, answ	ver the follow	ring question.				
		e a post fertilization	age at least 20 w	veeks?		Was the fet	us viab	le or hav			at least 20 weeks?				
	■ No stion was	answered yes, comp	lete the followin	ng auestion	ıs.	☐ Y  If the previou		No on was a	nswered v	es, complete t	the following questions.				
Was the fetus given	n the best	opportunity to surviv		0 1		Was the fetu	ıs given	the best		y to survive?	• .				
□Yes	□No					☐ Y	es [	No							
	uired the	determination that procedure to avert of					nat requ	ired the			e pregnant woman had a th or serious impairment to				
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  N/A  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)								red under IC 16-34-2-3(a)(3)							
Date last normal menses began Physician estimate of gestat  05/07/2018 8							n weeks	(i)	Post fe	ertilization age	e of the fetus (in weeks)  6				
How were the gesta	tional ag	e and post fertilization	_	ed?											
Was a waiver of cons		<u> </u>			Was	a waiver of not	ificatio	n obtaine	ed?	☐ Yes	■ No				
Is the patient seeking					Abu			oerced		Harassed	☐ Trafficked				
Full name of physic DR. JEFFREY D. (	_														
Address of physicia 1201 N ARLINGTO	-	ning termination (nu		, city, state,	, and zip	code)									
1201 N ARLINGI	ON AVE	, INDIANAPULIS,	IIN 40219												
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	i90 GEORGETOWN ROAI	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination  MARION			
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educat	tion							
24	_	Yes ■ No	(	07/18/201	18					ollege, No D	Degree			
Race American India Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ White	■ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or L				
Live Births:	N	umber now living	2					er now c		0				
Other Termination	ns: N	umber of spontaneou	us terminations <b>0</b>				Numb	er of ind	uced termi	nations 1				
Dates of termination  1. UNKNOWN		ot include this termin						5			6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					y preexistin cate the abo	-	nditions of the patient that may			
F ( 11.0		76 : 11 1: 1	<u> </u>					N/A						
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:					Compli	cation(s) of P	regnancy Termination			
								• 1	None		Uterine Perforation			
Pathological examir	nation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration			
performed?	iution	ii yes, resuits.						_	Infection		Retained Products			
☐ Yes ■	No							□ '	Other (Spec	cify)				
								Did thi ☐ Ye	s terminati s • N		ncy result in a maternal death?			
		<u> </u>		Trmo	of Tarm:	nation Drogodus	-AC							
Procedure that Term	ninated P	regnancy		туре	OI ICIIIII	Additional Procedure that Terminated Pregnancy								
	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol								Mifepriston					
		Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)												
☐ Medical (Nonsurgical) Other (Specify) ☐ M								Medical (Nonsuiglean) Offici (Specify)						
For Medical (Nonsu	raical) n	rocedures, answer the	e following au	ection		For Medical (	Noneur	gical) pro	ocedures a	newer the fall	lowing question			
		e following items we		Stion		Check the bo								
		ructions provided to	the patient						_	ovided to the	patient			
The patient sign  Medical (Surgi									itient agree ion Curetta					
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration				
Medical (Surgi	ical) Oth	er (Specify)				☐ Medical (Surgical) Other (Specify)								
, -		edures, answer the fol	- 1			For Medical (	-							
	le or have	e a post fertilization a	age at least 20 v	weeks?		Was the fet		le or hav ] No	e a post fe	rtilization age	e at least 20 weeks?			
	_	answered yes, compl	lete the following	ng questio	ns.	_			inswered y	es, complete	the following questions.			
	n the best ☐ No	opportunity to surviv	ve?				ıs giver Yes [		opportunit	ty to survive?				
	_	J	41											
condition that requ	aired the	determination that procedure to avert d									e pregnant woman had a th or serious impairment to			
the pregnant woman	n?					the pregnant					•			
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)			
N/A  Data last normal ma	mass L	on		Dp ,	ın catin il	a of gast-ti	m 1 1	-1	D C	retilizati	ra of the fotus (in			
Date last normal menses began Physician estimate of 05/01/2018							n weeks	· <i>)</i>	POST 16	aunzauon ag	ge of the fetus (in weeks)			
How were the gesta	tional ago	e and post fertilization	on age determin	ed?					L					
ULTRASOUND														
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No			
		on as a result of being	any of the follo	owing?	☐ Abı	ısed	☐ C	oerced		Harassed	☐ Trafficked			
Full name of physic DR. CASANDRA C	-	-												
		ning termination (num	mber and stree	t, city, stat	e, and zip	code)								
8590 GEORGETO	WN RO	AD, INDIANAPOLI	IS, IN 46268											
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS, I	N, 46268	City or	town, of pregn	ancy ten			County of p	pregnancy termination MARION	
Patient's age** 29	Marrie	d ■ Yes 🔲 No	Date of pregna	ancy term 07/18/20		Educ	ation	Hi	igh Scho	ol Diploma	or GED	
	or Othe	ka Native r Pacific Islander umber now living	Asian White	☐ Blac		an American		ıknown ber now de	■ Not I	y anic or Latino Hispanic or L		
Live Births:			1						iced termi	0		
Other Termination	15.	umber of spontaneou	0				Nullit	bei oi iliat	iced termi	1 1		
Dates of termination  1. UNKNOWN	1S ( <i>Do no</i> 2	t include this termin	ation. If more th	ian six (6	), those m	ost recent.)		5.			6.	
Fetus delivered alive		If yes, length of ti		ed:				-	preexistin ate the abo	-	nditions of the patient that may	
Fetus viable?  Yes  Yes	No	If viable, medical	reason for term	ination:				=	lone		regnancy Termination  Uterine Perforation	
Pathological examin performed?		If yes, results:						☐ It	Iemorrhag nfection Other (Spec		Cervical Laceration Retained Products	
								Did this ☐ Yes			ncy result in a maternal death?	
	Procedure that Terminated Pregnancy Additio											
		Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone										
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							l (Nonsu	rgical) M	lifepriston lisoprosto ther (Spec	l		
For Medical (Nonsu Check the box indic The manufactur The patient sign Medical (Surgion Med	stion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)									
☐ Yes [	e or have	e a post fertilization	age at least 20 v	veeks?		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  If the previous question was answered yes, complete the following questions.						
If the previous quest Was the fetus given  ☐ Yes [	the best	opportunity to survi		ig questic	ons.	Was the fe	-	the best	-	es, complete to survive?		
	ired the	determination that procedure to avert of					that requ	ired the p			e pregnant woman had a th or serious impairment to	
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)							List the name of the second doctor present, as required under IC 16-34-2-3					
Date last normal menses began Physician estimate of <b>05/14/2018</b>						e of gestation	in week:	s)	Post fe	ertilization ag	e of the fetus (in weeks) 7	
How were the gestat	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons						a waiver of no				Yes	■ No	
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physics DR. CASANDRA C	-											
Address of physician 8590 GEORGETO	-	-		city, sta	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of J	pregnancy termination MARION			
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion							
27	_	Yes No		07/16/20 <sup>-</sup>						ool Diploma	or GED			
Race American India Native Hawaiia	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American		known	Not I	y anic or Latin Hispanic or L		vn		
Live Births:	N	umber now living	2				Numb	er now o	leceased	0				
Other Termination	ns: N	umber of spontaneou	us terminations 0				Numb	er of inc	luced termi	nations 2				
Dates of termination 1. 12/18/2015		ot include this termin 06/24/2016	nation. If more to					5			6			
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of the patient tha	t may		
								N/A						
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination			
								•	None		Uterine Perforation			
Pathological examin	nation	If yes, results:							Hemorrhag	ge 🗆	Cervical Laceration			
performed?	iation	ii yes, iesuits.							Infection		Retained Products			
☐ Yes ■	No								Other (Spec	cify)				
								Did thi			ncy result in a maternal	death?		
		•		Type	of Termi	nation Procedu	res							
Procedure that Term	ninated P	regnancv		1 ypc	, 01 1 CHILL	nation Procedures  Additional Procedure that Terminated Pregnancy								
Medical (Nons	Medical (Nonsurgical) Misoprostol							☐ Medical (Nonsurgical) Mifepristone						
■ Medical (Nons Medical (Nons					Misoprosto									
		☐ Medical (Nonsurgical) Other (Specify)												
For Medical (Nonsu	rgical) p	rocedures answer th	e following que	ection		For Medical (	Noneur	raical) pr	ocedures a	newer the foll	lowing question			
Check the box indic				2311011		Check the bo		_ , 1			0 1			
		ructions provided to	the patient						uctions pro atient agree	ovided to the	patient			
The patient sign  Medical (Surgi									ion Curetta					
Medical (Surgi	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration				
☐ Medical (Surgi	cal) Oth	er (Specify)				Medical	(Surgic	al) Othe	er (Specify)					
For Medical (Surgio								durgical) procedures, answer the following question.						
	le or hav ☐ No	e a post fertilization	age at least 20	weeks?			tus viab 'es [		e a post fei	rtilization age	e at least 20 weeks?			
If the previous ques	_	answered yes, comp	lete the following	ng questio	ons.			_	answered y	es, complete	the following questions.			
	the best	opportunity to survi	ve?				us giver Yes [		t opportunit	ty to survive?				
		4-4	41		4			_						
condition that requ	iired the	determination that procedure to avert of									e pregnant woman ha th or serious impairmen			
the pregnant woman	n?					the pregnan					•			
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3	(a)(3)		
Date last normal me	nges bac	an		Physicis	an ectimet	e of gestation (i	in wast-	c)	Post fo	ertilization ac	e of the fetus (in weeks)			
06/02/2018 1 Hysician estimate of gesta							n week!	,,	1 051 10	atinzation ag	<b>4</b>			
How were the gesta	tional ag	e and post fertilization	on age determin	ed?										
ULTRASOUND														
Was a waiver of cons						a waiver of not			ed?	Yes	■ No			
Is the patient seeking			g any of the follo	owing?	∐ Abı	ısed		Coerced		Harassed	Trafficked			
Full name of physic DR. CASANDRA (	-	-												
Address of physicia			mber and street	t, city, stat	te, and zip	code)								
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268											
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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periormed. Each	ialiure (	ille triis report on	time as required is a	Class B II	nisdemeanor p	per ic it	5-34-2-5(u).				
Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	ncy term		County of J	pregnancy termination MARION		
Patient's age** 36	Marrie	d ☐ Yes ■ No	Date of pregnancy terr 07/18/20		Educa	ntion		Unknown			
Race American Indian Native Hawaiian Live Births:	n or Othe		☐ Asian ☐ Bla ■ White ☐ Oth		can American	Unk		ispanic or Latino ot Hispanic or L			
Other Termination	ns: N	umber of spontaneou	us terminations			Numbe	er of induced ter	rminations 3			
Dates of termination		t include this termin	ation. If more than six (6	6), those m	ost recent.)						
Fetus delivered alive	e?		me fetus survived:		4			-	nditions of the patient that may		
☐ Yes ■	No						complicate the	abortion			
Fetus viable?		If viable, medical	reason for termination:								
☐ Yes ■	No						Com	plication(s) of P	regnancy Termination		
							None				
Pathological examin	nation	If yes, results:					☐ Hemorri	_	'		
performed?							☐ Infection	_	Retained Products		
☐ Yes ■	No						Other (S	ресіју)			
								nation of pregnar No	ncy result in a maternal death?		
			Tyn	e of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy	1,70			that Terminated	l Pregnancy				
☐ Medical (Nonsi						gical) Mifepris					
Medical (Nonsi	urgical)	Misoprostol			Medical (Nonsurgical) Misoprostol						
Medical (Nonsi	urgical)	Other (Specify)			☐ Medical (Nonsurgical) Other (Specify)						
			e following question			Nonsurgical) procedures, answer the following question is indicating the following items were completed					
Check the box indic	_	=	=				-	ng items were c provided to the	_		
☐ The manufactur		uctions provided to tient agreement	the patient				ed the patient ag		patient		
Medical (Surgional Control Contro							l) Suction Cure				
☐ Medical (Surgi	cal) Mer	strual Aspiration			☐ Medical	(Surgica	l) Menstrual A	spiration			
Medical (Surgio	cai) Otn	er (Specify)			Medical (Surgical) Other (Specify)						
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical	(Surgical	) procedures, a	nswer the follow	ving question.		
		e a post fertilization	age at least 20 weeks?					fertilization age	e at least 20 weeks?		
	■ No	anguard was same	lata tha fallawing quarti	oma.	_	les □		d voa - aammilata	the following questions		
		opportunity to survi	lete the following questi	ons.	_	-		u yes, complete unity to survive?	the following questions.		
Yes [		opportunity to survi				Yes $\square$		anity to survive:			
What was the ba	sis for	determination that	the pregnant woman	had a	What was	the has	is for determi	ination that the	e pregnant woman had a		
condition that requ	ired the		death or serious impairn		condition the	hat requi	red the procedu		th or serious impairment to		
the pregnant woman	1?				the pregnan	it woman'	?				
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16-34-2-3(a	1)(3)	List the nam	e of the	second doctor p	oresent, as requi	red under IC 16-34-2-3(a)(3)		
Date last normal me	nses hea	an	Physic	ian estimat	e of gestation (i	in weeks	Pos	t fertilization ag	e of the fetus (in weeks)		
s mor normal file	_	17/2018	1 Hysic.	commu	9	cms)	1 03	unon ug	7		
How were the gestar	tional ag	e and post fertilization	on age determined?				1				
ULTRASOUND											
Was a waiver of cons	ent obtain	ned?	s • No	Was	a waiver of not	tification	obtained?	Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	g any of the following?	☐ Abı	used	☐ Co	erced	Harassed	☐ Trafficked		
Full name of physic											
DR. CASANDRA C	_										
Address of physician 8590 GEORGETO	_	-	mber and street, city, sto	ite, and zip	code)						
3333 02010		,unini VL									
**Date Reported	to DCS	if Patient under	16 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of p	-	ncy tern			County of	pregnancy termination MARION
Patient's age** 25	Marrie	ed Yes No	Date of pregna	ancy term 07/18/20		I	Educati	ion	H	ligh Scho	ool Diploma	or GED
Race American India	n or Alas	ka Native	Asian	Blac	k or Afric	an Americ	can				anic or Latin	
Native Hawaiiai		er Pacific Islander umber now living	White	Othe				Unl Numb		Not leceased	Hispanic or L	atino Unknown
Live Births:	N	umber of spontaneou	0 is terminations					Numb	er of ind	uced termi	nations	
Other Termination	15.	ot include this termin	0	an siv (6	) those m	ost racant	1	1141110			0	
1	2		3	un six (0	, inose m	4. <u> </u>	· <i>)</i>		5			6
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:						y preexisting cate the abo	-	nditions of the patient that may
Fetus viable?  ☐ Yes ■	No	If viable, medical	reason for term	ination:						Compli	cation(s) of P	regnancy Termination  Uterine Perforation
										Hemorrhag	ge 🗆	Cervical Laceration
Pathological examir performed?		If yes, results:								Infection Other (Spec	cify)	Retained Products
									Did thi ☐ Ye			ncy result in a maternal death?
				Туре	nation Pro	cedure	es					
Procedure that Term	ninated P	regnancy		**				that Ter	minated P	regnancy		
Medical (Nonsi	urgical)	Misoprostol			☐ Me	dical (	Nonsui	rgical) N	Mifepriston Misoprosto Other (Spec	l		
The patient sign  Medical (Surgi	eating the rer's instructed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage nstrual Aspiration	ere completed	stion		Check t  The The Me	he box e manu e patier edical ( edical (	k indica ifacture nt sign Surgica Surgica	eting the er's instructed the partial) Suctional) Men	following	items were ovided to the ement age	=
For Medical (Surgic		edures, answer the fo	• 1				,	-				ving question.
Yes	■ No						☐ Yee	es 🗆	No	_		
	the best	answered yes, comp opportunity to surviv		ig questic	ONS.		ne fetu	•	the best	•	es, complete ty to survive?	the following questions.
	iired the	determination that procedure to avert of				condit	ion th		ired the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the	name	of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>25/2018</b>		Physicia	an estimat	e of gestat	ion (in	ı weeks	)	Post fe	ertilization ag	e of the fetus (in weeks)  5
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?						•		
Was a waiver of cons						a waiver	of noti				Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abu	ised		☐ C	oerced		Harassed	☐ Trafficked
Full name of physic DR. CASANDRA C	-	-										
Address of physicia	-	-		, city, sta	te, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	15, IN 46268									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna				County of 1	pregnancy termination MARION	
Patient's age**	Marrie		Date of pregn	•		Educa	tion					
Race		Yes No	(	07/18/201	18				Asso Ethnicity	ociate Degr	ee	
American India	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		ıknown	☐ Hisp	y anic or Latino Hispanic or L		
Live Births:	N	umber now living	0					per now d		0		
Other Termination	ns: N	umber of spontaneo	us terminations <b>0</b>				Numb	per of indi	uced termi	inations <b>2</b>		
Dates of termination  1. UNKNOWN		t include this termin	ation. If more to	han six (6 <sub>)</sub>	), those m	ost recent.)		5			6	_
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					preexisting preexi		nditions of the patient that m	nay
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				_	Complie None Hemorrhag		Pregnancy Termination Uterine Perforation Cervical Laceration	
Pathological examir performed?		If yes, results:						☐ I	nfection Other (Spe		Retained Products	
								Did this			ncy result in a maternal dea	ath?
				Туре	of Termi	nation Procedu	res					
Procedure that Term						Additional P						
Medical (Nons) Medical (Nons) Medical (Nons)	urgical)	Misoprostol			(Nonsu	rgical) M	Aifepriston Aisoprosto Other (Spec	1				
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)												
Yes If the previous ques	le or have No tion was	e a post fertilization	age at least 20 v	weeks?	ns.	Was the fe	tus viab es [ s quest	le or have No ion was a	e a post fe	rtilization age	ving question. e at least 20 weeks? the following questions.	
	□No	opportunity to survi					Yes [		оррогини	ty to survive?		
	ired the	determination that procedure to avert					hat requ	ired the			e pregnant woman had th or serious impairment t	
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second d	loctor pres	sent, as requi	red under IC 16-34-2-3(a)	)(3)
Date last normal me	_	an <b>21/2018</b>		Physicia	n estimat	e of gestation (	in week.	s)	Post fe	ertilization ag	ge of the fetus (in weeks)  6	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?					•			
Was a waiver of cons						a waiver of no			d?	Yes	■ No	
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic												
Address of physicia			mber and stree	t, city, stat	e, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

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Facility Name and A	ddress (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination  MARION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educat	tion				
21		☐ Yes ■ No	(	07/16/20 <sup>-</sup>	18			H		ol Diploma	or GED
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	0				Numb	er now c	leceased	0	
Other Termination	s: N	umber of spontaneou	us terminations				Numb	er of ind	uced termi	nations 0	
Dates of termination	s (Do no	t include this termin	ation. If more t	han six (6	), those m	ost recent.)					
1		·				4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo	-	nditions of the patient that may
T			0 .					N/A			
Fetus viable?  Yes  1	No	If viable, medical	reason for term	iination:					Compli	cation(s) of P	regnancy Termination
								• 1	None		Uterine Perforation
Pathological examin	ation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration
performed?		ii yes, resuits.						_	Infection	_: <i>c</i> .)	Retained Products
☐ Yes ■	No								Other (Spec	cify)	
								Did thi ☐ Ye			ncy result in a maternal death?
				Type	of Termi	nation Procedur	es				
Procedure that Term	inated P	regnancy		1 ypc	OI ICHIII	Additional Pr		that Ter	minated P	regnancy	
☐ Medical (Nonsu	ırgical)	Mifepristone				☐ Medical	(Nonsu	rgical) N	Mifepriston	e	
☐ Medical (Nonsu ☐ Medical (Nonsu								Misoprosto Other (Spec			
	ii givai)	other (speetyy)				Micalcar	(1101154	igicai) (	other (spee	937	
For Medical (Nonsur	roical) ni	rocedures answer th	e following aue	estion		For Medical (	Nonsur	gical) nro	ocedures a	nswer the foll	lowing question
Check the box indic				2311011		Check the bo	x indica	ating the	following	items were c	completed
☐ The manufactur			the patient						-	vided to the	patient
The patient signs  Medical (Surgio									itient agree ion Curetta		
Medical (Surgio	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi		
Medical (Surgio	cal) Oth	er (Specify)				Medical	(Surgic	al) Othe	r (Specify)		
For Medical (Surgical						For Medical (	-				
	e or have	e a post fertilization	age at least 20 v	weeks?		Was the fet		le or hav ] No	e a post fei	rtilization age	e at least 20 weeks?
If the previous quest		answered yes, compl	lete the following	ng questio	ns.	_			nswered y	es, complete	the following questions.
	the best No	opportunity to surviv	ve?				ıs giver Yes [		opportunit	ty to survive?	
	_	d_4	41								
condition that requ	ired the	determination that procedure to avert of									e pregnant woman had a th or serious impairment to
the pregnant woman	1?					the pregnant	t woman	n?			-
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
N/A  Deta last normal ma	nggg L			Dh	ın catin il	o of gost-ti	m 1 1	-1	D C	vrtilizati	a of the form (in mod.)
Date last normal me	_	an 16/2018		rnysicia	ııı estimat	e of gestation (i	n weeks	· <i>)</i>	rost ie	aunzauon ag	te of the fetus (in weeks)
How were the gestat	ional ago	and post fertilization	on age determin	ed?							
ULTRASOUND											
Was a waiver of conse						a waiver of not			ed?	☐ Yes	■ No
Is the patient seeking			any of the follo	owing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physici DR. CASANDRA C	_	-									
Address of physician			mber and stree	t, city, stat	e, and zip	code)					
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268								
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	, year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Facility Name and A	Address	90 GEORGETOWN ROA	'			town, of pregna		nation		County of 1	pregnancy term	
Detion#? **	T _		Dotf	om o 4	inoti-					<u> </u>	- MAINION	1
Patient's age**  22	Marrie	d Yes No	Date of pregn	ancy term 07/16/20		Educa	ition			nelor's Degi	ee	
Race American India Native Hawaiiai			Asian White	☐ Blac		an American	☐ Unkn	nown		y anic or Latino Hispanic or L		Unknown
Live Births:		umber now living	0		,1		Number			0		1 CHRIGWII
Other Termination	ns: N	umber of spontaneo					Number	of ind	uced termi			
Dates of termination	ns (Do no	t include this termin	nation. If more to	han six (6	), those m	ost recent.)	<u> </u>					
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:		4			preexisting		nditions of the p	patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Tern	nination
								_	None		Uterine Perf	
Pathological examin	nation	If yes, results:							lemorrhag		Cervical Lac Retained Pro	
performed?	No								nfection Other ( <i>Spe</i>	∟ cifv)	Ketained Pit	ducts
res _	NO							_	()	- 357		
											ncy result in a	maternal death?
							] [	☐ Yes	s • N	0		
				Туре	of Termi	nation Procedur						
Procedure that Tern						Additional Pr						
☐ Medical (Nons ☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsurg	ical) N	1ifepristor 1isoprosto	1		
☐ Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsurg	ical) C	Other (Spec	cify)		
EM-dil Ol			- C-11i	-4:		E M-di1/	(NIi	1\				_
For Medical (Nonsu Check the box indic				estion		Check the bo	`	/ 1			lowing question ompleted	.1
		uctions provided to	the patient			☐ The man					patient	
☐ The patient sign ☐ Medical (Surgi						☐ The patie			tient agree on Curetta			
☐ Medical (Surgi	cal) Mer	strual Aspiration				☐ Medical	(Surgical)	) Mens	strual Aspi	ration		
☐ Medical (Surgi	icai) Oili	ы (зресцу)				Medical	(Surgical)	) Oulei	і (зресіју)			
For Medical (Surgice	nal) mraaa	duras anavyar tha fa	llowing quartic			F M F 1	(C : 1)		1	41 . C . H	-	
For Medical (Surgion Was the fetus viab		e a post fertilization	• 1			For Medical ( Was the fe		-			ring question.  e at least 20 we	eks?
☐ Yes	■ No	_				☐ Y	es 🗌	No	•			
If the previous ques Was the fetus giver		opportunity to survi		ng questio	ns.	•	•			es, complete ty to survive?	the following	questions.
	□No	-					Yes					
		determination that procedure to avert									e pregnant w	
the pregnant woman				r	. •	the pregnan			Procedure	to avert uca	or serious I	apairment w
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	i-34-2-3(a)	(3)	List the nam	e of the se	econd o	doctor pres	sent, as requi	red under IC 1	6-34-2-3(a)(3)
Date last normal me	_	an 23/2018		Physicia	an estimat	e of gestation (i	in weeks)		Post fe	ertilization ag	e of the fetus (	in weeks)
How were the gesta			on age determin	ed?		14					10	
ULTRASOUND												
Was a waiver of cons					Was	a waiver of not	tification o	obtaine	d?	☐ Yes	■ No	
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed	☐ Coe	erced		Harassed	☐ Trafficl	red
Full name of physic DR. CASANDRA (												
Address of physicia	n perforn	ning termination (nu		t, city, stai	te, and zip	code)						
8590 GEORGETO	WIN KU	ND, INDIANAPOL	.io, in 40208									
**Data Papartad	to DCS	if Patient under	16 (month day	vear).								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of		cy termination
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
20	_	Yes No		07/16/20 <sup>-</sup>	18					ollege, No l	Degree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American		known	■ Not I	y anic or Latin Hispanic or I		☐ Unknown
Live Births:	N	umber now living	1				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of ind	luced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)						
1						4		5	• • •	1' 1	6	Cal. C. (d.)
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexisting cate the abo		naitions c	of the patient that may
								N/A				
Fetus viable?		If viable, medical	reason for term	ination:								
☐ Yes ■	No							_			_	y Termination
								_	None Hemorrhag	_	_ ~ .	ne Perforation cal Laceration
Pathological examin	nation	If yes, results:						_	Infection	,· _	-	ned Products
performed?  ☐ Yes ■	No								Other (Spec	cify)		
								Did thi	s terminati	on of pregna	ncy resu	It in a maternal death?
								☐ Ye				
				Туре	of Termi	nation Procedur	res					
Procedure that Term		• •				Additional Pr						
☐ Medical (Nons ☐ Medical (Nons								Mifepriston Misoprosto				
Medical (Nons							Other (Spec					
For Medical (Nonsu				estion		For Medical (	•	_ , 1			U 1	
Check the box indic	-	ructions provided to	_			Check the bo		_	_	vided to the	_	d
☐ The patient sign									atient agree			
Medical (Surgi		tion Curettage nstrual Aspiration							ion Curetta strual Aspi			
Medical (Surgi									r (Specify)			
For Medical (Surgio	cal) proce	dures, answer the fo	llowing questic	on.		For Medical (	(Surgica	al) proce	dures, answ	ver the follow	wing que	stion.
Was the fetus viab	le or hav	e a post fertilization				Was the fet	tus viab	le or hav		tilization ag		
	■ No	answered yes, comp	lete the followi	ng anestio	ns		'es □	_	nswered v	es complete	the follo	wing questions.
Was the fetus given	the best	opportunity to surviv				_	-		-	ty to survive		wing questions.
∏Yes	□No					Y	Yes [	No				
		determination that procedure to avert of										ant woman had a rious impairment to
the pregnant woman		procedure to avert		,p		the pregnan			procedure	to avert dea	itii Oi SCi	ious impairment to
	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requi	ired unde	er IC 16-34-2-3(a)(3)
N/A				T = -					ı			
Date last normal me	_	an <b>03/2018</b>		Physicia	an estimat	e of gestation (i	in weeks	i)	Post fe	ertilization ag	ge of the	fetus (in weeks)
How were the gesta			on age determin	ed?								
ULTRASOUND												
Was a waiver of cons					Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ N	0
Is the patient seeking	an aborti	on as a result of being	g any of the follo	owing?	Abı	ısed	□ C	oerced		Harassed	T	Trafficked
Full name of physic DR. CASANDRA C	-	-										
Address of physicia			mber and stree	t, city, stat	te, and zip	code)						
8590 GEORGETO	-	=										
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_		

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Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of pro	egnancy DIANAP		on	County of p	oregnancy termination  MARION
Patient's age** 30	Marrie	ed Yes No	Date of pregna	ancy term 07/16/20		Ec	lucation		High Scho	ol Diploma	or GED
Race American Indian			Asian			an America				anic or Latino	
☐ Native Hawaiiai Live Births:		umber now living	White 3	☐ Othe	er			Unknowr umber nov	n ■ Not I v deceased	Hispanic or L  0	atino Unknown
Other Termination	ns: N	fumber of spontaneou					Nu	umber of i	nduced termi		
Dates of termination 05/04/2016	ns (Do no	ot include this termin	v	an six (6	), those me	ost recent.)	<u> </u>			·	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:		4			any preexistin	-	aditions of the patient that may
								N/A	٨		
Fetus viable?  ☐ Yes ■	No	If viable, medical	reason for term	ination:				•		cation(s) of P	regnancy Termination Uterine Perforation
Pathological examir	nation	If yes, results:						$\dashv \dashv$	Hemorrhag Infection	e 🗆	Cervical Laceration Retained Products
performed?  Yes	No								Other (Spec	_	Retained Froducts
									this termination		ncy result in a maternal death?
				Туре	nation Proc	edures					
Procedure that Term	ninated P	regnancy		**			dure that T	Γerminated Pr	regnancy		
Medical (Nons) Medical (Nons) Medical (Nons)	urgical)	Misoprostol				☐ Med	ical (No	nsurgical)	Mifepriston Misoprostol Other (Spec	l	
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  The manufacturer's instructions provided to the patient The patient signed the patient agreement  The manufacturer's instructions provided to the patient The patient signed the patient agreement											
Medical (Surgi	cal) Mei	nstrual Aspiration				☐ Med	ical (Su	rgical) M	action Curetta enstrual Aspi ther (Specify)	ration	
		edures, answer the fo	- 1			Was th	, ,	- , .			ring question.
If the previous ques Was the fetus given  Yes	the best	answered yes, comp opportunity to survi		ng questio	ons.	Was the	e fetus gi		s answered ye est opportunit		the following questions.
	ired the	determination that procedure to avert of				condition		equired th			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the	name of	the secon	d doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>10/2018</b>		Physicia	an estimat	e of gestatio	on (in we	eeks)	Post fe	ertilization ag	e of the fetus (in weeks)  5
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?							
Was a waiver of cons						a waiver of				Yes	■ No
Is the patient seeking  Full name of physic			any of the follo	wing?	☐ Abu	ised		Coerced	1 📙	Harassed	☐ Trafficked
DR. CASANDRA C	CASHMA	AN									
Address of physicia 8590 GEORGETO	-	-		, city, stai	ie, and zip	coae)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

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DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination  MARION
Patient's age**	Marrie	ed	Date of pregn	ancy term	ination	Educat	tion				
20	_	Yes No	(	07/16/20 <sup>-</sup>	18				,	ollege, No D	)egree
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	0				Numb	er now o	leceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi	nations 0	
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)					
1	2					4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
F ( 110		TC : 11 1: 1	<u> </u>					N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination
	110							•	None		Uterine Perforation
D 4 1 1 1 1 1		TC L							Hemorrhag	ge 🗆	Cervical Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products
-	No								Other (Spec	cify)	
											ncy result in a maternal death?
								☐ Ye	s 🔳 N	0	
				Туре	of Termi	nation Procedur	es				
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated Pr	regnancy	
Medical (Nons									Mifepriston		
Medical (Nonsi									Misoprosto Other (Spec		
For Medical (Nonsu	ırgical) nı	rocedures, answer th	e following and	estion		For Medical (	Nonsur	gical) pr	ocedures a	nswer the foll	lowing question
		e following items we				Check the bo	x indica	ating the	following	items were c	completed
_		ructions provided to	the patient						-	vided to the	patient
The patient sign  Medical (Surgi									atient agree ion Curetta		
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi		
☐ Medical (Surgi	ical) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)		
For Medical (Surgio	cal) proce	dures, answer the fo	llowing question	n.		For Medical (	Surgica	ıl) proce	dures, answ	ver the follow	
		e a post fertilization	age at least 20 v	weeks?			us viab	le or hav			e at least 20 weeks?
	■ No	answered yes, comp	lata tha fallawi	na augatio	na	If the proviou		] No	neward w	os aomnloto t	the following questions.
		opportunity to surviv		ng questio	115.	1	•			ty to survive?	• .
	□No						es [		оррогии	y to but vive.	
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the ba	sis for	determinat	tion that the	e pregnant woman had a
the pregnant woman		procedure to avert of	leath or serious	impairm	ent to	condition th	nat requ	ired the			th or serious impairment to
prognant woman						the pregnant	womal	1!			
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	nges bac	an		Physicia	n estimat	e of gestation (i	n wool-	,)	Doct fo	ertilization ac	e of the fetus (in weeks)
Date last normal file	-	20/2018		1 mysicia	ui vətillidl	8 8	n weeks	'/	1 081 10	amzanon ag	6
How were the gesta	tional age	e and post fertilization	on age determin	ed?							
ULTRASOUND											
Was a waiver of cons	sent obtain	ned? Yes	: • N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abu	ısed	☐ C	oerced		Harassed	☐ Trafficked
Full name of physic	-										
DR. CASANDRA C			mhor as I	t aits et	a and -:	code)					
8590 GEORGETO	-	ning termination (nu.  AD, INDIANAPOL		i, city, stat	е, апа zīp	coue)					
		,									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	oregnancy termination  MARION	
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educat	tion					
36	_	Yes No	(	07/16/20 <sup>-</sup>	18			ŀ		ool Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	☐ Not 1	y anic or Latino Hispanic or L		/n
Live Births:	N	umber now living	0				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi	inations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)						
1	2	·	3			4		5			6	_
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo	-	ditions of the patient that	may
T		x0 : 11	0 .					N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:					Compli	cation(s) of P	regnancy Termination	
	110							•	None		Uterine Perforation	
D 4 1 1 1 1 1		TC I							Hemorrhag	ge 🔲	Cervical Laceration	
Pathological examin performed?	nation	If yes, results:							Infection		Retained Products	
☐ Yes ■	No								Other (Spe	cify)		
											cy result in a maternal of	death?
								☐ Ye	s IN	0		
				Туре	of Termi	nation Procedur	es					
Procedure that Term						Additional Pr				•		
☐ Medical (Nonsi									Mifepristor Misoprosto			
Medical (Nonsi								Other (Spec				
For Medical (Nonsu	rgical) pi	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the foll	owing question	
Check the box indic	-	•	•			Check the bo						
☐ The manufactur☐ The patient sign		uctions provided to	the patient						uctions pro atient agree	ovided to the perment	patient	
Medical (Surgional Control Contro									ion Curetta			
Medical (Surgi	cal) Mer	strual Aspiration				☐ Medical			strual Aspi			
Medical (Surgi	cai) Otn	er (Specify)				Medical	(Surgic	ai) Otne	er (Specify)			
For Medical (Surgic	al) proce	dures, answer the fo	llowing questic	n.		For Medical (	Surgica	al) proce	dures, ansv	ver the follow	ing question.	
	le or havo ■ No	e a post fertilization	age at least 20	weeks?		Was the fet  ☐ Y		le or hav ] No	e a post fe	rtilization age	at least 20 weeks?	
If the previous quest		answered yes, comp	lete the following	ng questio	ns.	_			answered y	es, complete	the following questions.	
		opportunity to surviv	ve?						t opportunit	ty to survive?		
☐ Yes [	□No						es [	□ No				
		determination that procedure to avert of									pregnant woman ha	
the pregnant woman		procedure to avert (	.cam or serious	, impuitill		the pregnant			procedure	to aveit deal	h or serious impairmen	ιω
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(	(a)(3)
N/A		. r, ao reda			\- /					., • • • • •		<del>/ (- /</del>
Date last normal me	_			Physicia	an estimat	e of gestation (i	n weeks	<u>-</u>	Post fe	ertilization ag	e of the fetus (in weeks)	
Hama		15/2018		- 10		10					8	
How were the gestar  ULTRASOUND	uonal age	e and post fertilizatio	ni age determin	eu!								
<u></u>	omt .1 · ·	and) 🗖		·	***		:c: ·:	1	- 10			
Was a waiver of cons Is the patient seeking					Was	a waiver of not	_	n obtain	ea!	Yes Harassed	■ No  □ Trafficked	
Full name of physic			,, or the folic		AU			551000		1 114140004		
DR. CASANDRA C	_	-										
Address of physicia	-	-		t, city, stat	te, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Adprin-GEORGETOWN OR (F	ddress PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	oregnancy termin	nation
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
22		Yes No	(	07/16/201	18				,	th, No Diplo	oma	
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Blac  Othe		an American		known	☐ Not I	/ anic or Latino Hispanic or La		Unknown
Live Births:	Ni	umber now living	1					er now o		0		
Other Terminations	ii Ni	umber of spontaneou	us terminations <b>0</b>				Numb	per of ind	uced termi	nations <b>0</b>		
Dates of terminations		t include this termin				*		5.			6.	
Fetus delivered alive	?	If yes, length of ti							y preexistin	-	ditions of the pat	ient that may
								N/A				
Fetus viable?  Yes N	Jo	If viable, medical	reason for term	ination:					Compli	cation(s) of Pr	regnancy Termir	nation
	10							•	None		Uterine Perfor	
D 4 1 : 1 : :		YC I							Hemorrhag	e 🗆	Cervical Lacer	ration
Pathological examina performed?	ition	If yes, results:							Infection		Retained Prod	ucts
☐ Yes ■ N	No								Other (Spec	cify)		
											cy result in a ma	aternal death?
		<u> </u>						☐ Ye	s 🔳 N	υ		
				Туре	of Termi	nation Procedur						
Procedure that Termi						Additional Pr				•		
Medical (Nonsur									Mifepriston Misoprostol			
Medical (Nonsur							Other (Spec					
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement  The patient signed the patient agreement  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement												
Medical (Surgical)	al) Suct	ion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge		
☐ Medical (Surgica ☐ Medical (Surgica									strual Aspi r (Specify)	ration		
Wiedlear (Surgice	ar) Our	л (Бресіју)				Wiedicar	(Burgie	ai) Ouic	і (Бресіју)			
For Medical (Surgica						For Medical (	-					
Was the fetus viable  ☐ Yes	e or have No	e a post fertilization	age at least 20 v	weeks?		Was the fet		le or hav No	e a post fer	tilization age	at least 20 week	KS?
If the previous question		answered yes, comp	lete the following	ng questio	ns.	_			nswered ye	es, complete t	the following qu	estions.
Was the fetus given t  ☐ Yes	the best No	opportunity to survi	ve?				ıs giver Yes [		opportunit	y to survive?		
What was the basicondition that require the pregnant womans	is for o					What was	the ba	isis for nired the			pregnant won h or serious imp	
List the name of the so	econd do	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requir	ed under IC 16-	·34-2-3(a)(3)
Date last normal men	_			Physicia	n estimat	e of gestation (i	n weeks	s)	Post fe	rtilization age	e of the fetus (in	weeks)
How were the gestation		19/2018 e and post fertilization	on age determin	ed?		7					5	
ULTRASOUND	Janua ugl	post fortilizatio	450 40101111111									
Was a waiver of conse	nt obtair	ned?	s • N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking a	n abortio	on as a result of being			☐ Abu	ısed		Coerced		Harassed	☐ Trafficked	d
Full name of physicia	-	-										
Address of physician	perforn	ning termination (nu		t, city, stat	e, and zip	code)						
8590 GEORGETOV	VN RO	AD, INDIANAPOL	IS, IN 46268									
**Date Reported t	o DCS	, if Patient under	16 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 8	590 GEORGETOWN ROA	D, INDIANAPOLIS, I	N, 46268	City or t	town, of j	-	ncy terr			County of	pregnancy termination MARION
Patient's age** 24	Marrie [	ed Yes • No	Date of pregna	ancy term 07/18/20			Educat	ion	Н	ligh Scho	ool Diploma	or GED
Race American India			☐ Asian	Blac	k or Afric	an Ameri	ican				anic or Latin	
☐ Native Hawaiian		er Pacific Islander fumber now living	■ White	Othe					known er now d		Hispanic or L	atino Unknown
Other Termination	N N	umber of spontaneou	as terminations					Numb	er of ind	uced termi		
	15.	ot include this termin	0	an six (6	), those me	ost recen	t.)				0	
1	2	2	3			4			5			6
Fetus delivered aliv		If yes, length of ti	me fetus survive	ed:						y preexistin cate the abo	-	nditions of the patient that may
Fetus viable?	No	If viable, medical	reason for termi	ination:						Compli	cation(s) of P	regnancy Termination
										None Hemorrhag		Uterine Perforation  Cervical Laceration
Pathological examir performed?		If yes, results:								nfection Other (Spec		
									Did thi ☐ Ye			ncy result in a maternal death?
	Type of Termination											
Procedure that Term	regnancy					that Ter	minated P	regnancy				
Medical (Nons Medical (Nons Medical (Nons	urgical)	Misoprostol				edical	(Nonsu	rgical) N	Mifepriston Misoprosto Other (Spec	l		
Check the box indice.  The manufacture. The patient sign. Medical (Surgi	cating the rer's instructed the pa cal) Suc cal) Mer	tion Curettage nstrual Aspiration	ere completed	stion		Check  Th  Th  M	the box e manu ne patie edical edical	x indica ufacture nt sign (Surgica (Surgica	eting the er's instructed the parally Suctionally Mensel	following	items were covided to the ement age ration	=
Was the fetus viab	le or hav	edures, answer the fo	- 1				the fet	us viab	le or hav			ving question. e at least 20 weeks?
If the previous ques	the best	answered yes, comp opportunity to survi		g questic	ons.		the fetu	s questi	the best		es, complete ty to survive?	the following questions.
	iired the	determination that procedure to avert of				condi	ition th		ired the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	)(3)	List th	e name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	05/	13/2018			an estimat	e of gesta	ition (ii	n weeks	:)	Post fe	ertilization ag	ge of the fetus (in weeks)
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?						•		
Was a waiver of cons						a waiver	of not				Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abu	ised		□ C	oerced		Harassed	Trafficked
Full name of physic DR. CASANDRA C	_	-										
Address of physicia 8590 GEORGETO	-	ming termination (nu		city, sta	te, and zip	code)						
3000 320/(3210		, IIIDIAITAI OL	.5, 40200									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of	pregnancy t	
Patient's age**	Marrie	ed	Date of pregn	ancy term	ination	Educa	tion					
41	_	Yes No		07/18/201	18					Grade or Le	ss	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Blac		an American		known	Not I	y anic or Latin Hispanic or I		Unknown
Live Births:	N	umber now living	4						leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations 1				Numb	er of inc	luced termi	nations <b>0</b>		
Dates of termination  1. UNKNOWN	ns ( <i>Do no</i>	ot include this termin	•			ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of th	ne patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of F	regnancy T	ermination
									None		] Uterine P	erforation
Pathological examin	nation	If yes, results:							Hemorrhag	e 🗆	•	Laceration
performed?		ir yes, resuits.							Infection		] Retained	Products
☐ Yes ■	No							Ш	Other (Spec	cijy)		
								D: 1.1:				
								Did thi			acy result in	a maternal death?
				Type	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy		71		Additional Pr		that Te	rminated P	regnancy		
Medical (Nons									Mifepriston			
☐ Medical (Nons ☐ Medical (Nons							Misoprosto Other (Spec					
		rocedures, answer th		estion		For Medical (						tion
	_	e following items we ructions provided to	_			Check the bo		-	_	items were ovided to the	-	
The patient sign			the patient						atient agree			
Medical (Surgi		tion Curettage nstrual Aspiration							ion Curetta strual Aspi			
Medical (Surgi									siruai Aspi er (Specify)			
For Medical (Surgion	cal) proce	edures, answer the fo	llowing questic	on.		For Medical (	(Surgica	ıl) proce	dures, answ	ver the follow	ving questio	
Was the fetus viab	le or hav	e a post fertilization				Was the fet	tus viab	le or hav		tilization age		
	■ No stion was	answered yes, comp	lete the followi	ng questio	ons.	☐ Y  If the previou	'es   s guesti	_	nswered v	es. complete	the following	ng questions.
Was the fetus given	n the best	opportunity to surviv				Was the fett	us given	the best	-	y to survive?		-8 4
□Yes	□No					L	Yes L	No				
		determination that procedure to avert of										woman had a s impairment to
the pregnant woman		1		· .		the pregnan			procedure	to avert dea	in or seriou	3 impuniment to
	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under I	C 16-34-2-3(a)(3)
N/A	1			Di · ·				. )	D . C	-4:11:- · · ·	£4 - C :	(:
Date last normal me	_	an KNOWN		Physicia	an estimat	e of gestation (i	n weeks	5)	Post ie	ertilization ag	ge of the fett <b>6</b>	ıs (in weeks)
How were the gesta	tional ag	e and post fertilization	on age determin	ed?								
ULTRASOUND												
Was a waiver of cons		1 10				a waiver of not			ed?	Yes	■ No	
Is the patient seeking			g any of the follo	owing?	∐ Abı	ısed	☐ C	oerced		Harassed	☐ Traf	ficked
Full name of physic DR. CASANDRA (	-	-										
Address of physicia	n perforr	ming termination (nu		t, city, stat	te, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268									
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/25/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	.D, INDIANAPOLIS,	IN, 46268	City or	town, of pregn	ancy ten			County of p	oregnancy termination MARION
Patient's age** 21	Marrie [	ed Yes No	Date of pregn	ancy term 07/18/20		Educ	ation	,		ollege, No D	)egree
Race American Indian Native Hawaiian		ka Native r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	ППп	ıknown		y anic or Latino Hispanic or La	
Live Births:		umber now living	1		J1			per now de		0	uno
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numb	per of indu	iced termi		
Dates of termination	ns (Do no	ot include this termir		han six (6	), those m	ost recent.)	ı	-			
Fetus delivered alive		If yes, length of the	ime fetus surviv	ed:		4.			preexistin ate the abo		ditions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination.				N/A			
Yes Yes	No	ii viuole, ineureur	reason for term						lone		regnancy Termination Uterine Perforation
Pathological examin	nation	If yes, results:							lemorrhag nfection	e 🗆	Cervical Laceration Retained Products
performed?  Yes	No								other (Spec	cify)	
								Did this			ncy result in a maternal death?
		1		Tyne	nation Procedu	ıres			-		
Procedure that Term	ninated P	regnancy		- ypc	Additional F		e that Terr	ninated Pr	regnancy		
Medical (Nonst	urgical)	Misoprostol			☐ Medica	l (Nonsu	nrgical) M nrgical) M nrgical) O	[isoprosto]	l		
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement											ompleted
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medica	l (Surgic	eal) Suctional) Mensical) Other	trual Aspi	ration	
		edures, answer the for	• 1			Was the fe	etus viab				ring question. e at least 20 weeks?
If the previous quest Was the fetus given  ☐ Yes	the best	answered yes, comp opportunity to survi		ng questic	ons.	Was the fe	-	n the best	•	es, complete try to survive?	the following questions.
	ired the	determination that procedure to avert					that requ	aired the p			e pregnant woman had a th or serious impairment to
List the name of the <b>N/A</b>	second d	octor present, as requ	iired under IC 16	5-34-2-3(a)	)(3)	List the nan	ne of the	e second d	octor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	-	an <b>25/2018</b>		Physicia	an estimat	e of gestation (	in week:	s)	Post fe	ertilization age	e of the fetus (in weeks)
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?					ı		
Was a waiver of cons						a waiver of no				Yes	■ No
Is the patient seeking Full name of physic			g any of the follo	owing?	☐ Abı	ised		Coerced		Harassed	☐ Trafficked
DR. CASANDRA C	CASHMA	AN									
Address of physicia 8590 GEORGETO	-	-		t, city, sta	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, dav.	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•	High School Diploma or GED    Ethnicity		•		
Patient's age**	Marrie	d	Date of pregn	nancy term	ination	Educa	tion					
18		Yes No	1 0	07/18/20					ligh Scho	ool Diploma	a or GE	D
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Blac ■ Othe		an American			☐ Hisp	anic or Latin		Unknown
Live Births:	N	umber now living	0				Numb	er now	deceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations				Numb	er of inc	duced termi			
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)						
1						4		5				
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:							natuons	of the patient that may
								N/A				
Fetus viable?		If viable, medical	reason for term	nination:					C 1	- ( ) CI	2	T
☐ Yes ■	No								•	` _	_	
								_		_		
Pathological examination performed?	nation	If yes, results:							Infection		] Retaii	ned Products
☐ Yes ■	No								Other (Spe	cify)		
											ncy resu	It in a maternal death?
				Tyne	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy		- 1 PC				that Te	rminated P	regnancy		
Medical (Nons												
■ Medical (Nons ■ Medical (Nons												
For Medical (Nonsu				estion								
Check the box indice.  The manufacture.	-	tollowing items we ructions provided to	_					_	_		-	bd
■ The patient sign	ned the pa	tient agreement				☐ The patie	ent sign	ed the p	atient agree	ement	-	
☐ Medical (Surgi ☐ Medical (Surgi		tion Curettage strual Aspiration										
Medical (Surgi												
For Medical (Surgio												
	le or hav ☐ No	e a post fertilization	age at least 20	weeks?					e a post fe	rtilization ag	e at least	20 weeks?
If the previous ques	tion was			ng questio	ons.	If the previou	ıs questi	on was	-	-		owing questions.
	n the best □No	opportunity to survi	ve?						t opportuni	ty to survive	?	
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the ba	sis for	determina	tion that th	e pregn	ant woman had a
condition that requ the pregnant woman		procedure to avert	death or serious	s impairm	ent to		hat requ	ired the				
1 -6						ine pregnan	. woma	••				
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	)(3)	List the nam	e of the	second	doctor pres	sent, as requi	ired und	er IC 16-34-2-3(a)(3)
Ziot die manie of the	scond u	z zw. prosoni, as roqu		(a)		2.5t the hulli		Jeona	pic.	, ao roqu	va unu	
Date last normal me	_	an <b>04/2018</b>		Physicia	an estimat	e of gestation (i	in weeks	s)	Post fe	ertilization ag		fetus (in weeks)
How were the gesta			on age determin	led?		7					5	
ULTRASOUND		•										
Was a waiver of cons	sent obtain	ned?	s 🔳 N	No	Was	a waiver of not	tificatio	n obtain	ed?	☐ Yes	■ N	[o
Is the patient seeking			g any of the follo	owing?	Abı	ısed	□ C	oerced		Harassed		rafficked
Full name of physic DR. CASANDRA (	-	-										
Address of physicia			mber and stree	t, city, stat	te, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268									
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/25/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Reports for all other patients shall be submitted to the Indiana State Department of Health no later than 30 days after each termination is

periorinea.	ialiure id	ille triis report on	ume as required is a	Class b I	nisuemeanor p	per ic i	0-34-2-3(	u).		
Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	ncy tern			County of p	oregnancy termination MARION
Patient's age**  19	Marrie	d ☐ Yes ■ No	Date of pregnancy term 07/18/20		Educa	ition	s	ome C	ollege, No D	Degree
Race American Indian Native Hawaiian Live Births:	n or Othe		Asian Bla White Oth		can American	Unl		■ Not	ty panic or Latino Hispanic or L	
Other Termination	ns: N	umber of spontaneo				Numb	er of induc	ed term	inations	
Dates of termination	ns (Do no	ot include this termin	nation. If more than six (	6), those m	nost recent.)				0	
1	2	-	3		4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survived:				complica		-	aditions of the patient that may
Estus viable?		If viable medical	rangon for tarmination				N/A			
Fetus viable?  Yes	No	if viable, medical	reason for termination:					Compli	ication(s) of P	regnancy Termination
							■ No	one		Uterine Perforation
							□ Не	emorrha	ge 🗆	Cervical Laceration
Pathological examir performed?	nation	If yes, results:					☐ In:	fection		Retained Products
Yes •	No						Ot	her (Spe	ecify)	
							Did this	amainat	ion of mrooner	ncy result in a maternal death?
							Yes			icy result in a maternal death?
			Tyr	e of Termi	ination Procedu	res				
Procedure that Term	ninated P	regnancy		or remin	Additional Pr		that Term	inated F	Pregnancy	
☐ Medical (Nons							rgical) Mi			
Medical (Nons	urgical)	Misoprostol			☐ Medical	(Nonsui	rgical) Mi	soprosto	ol	
Medical (Nons	urgical)	Other (Specify)			☐ Medical	(Nonsui	rgical) Ot	ner ( <i>Spe</i>	cify)	
			e following question							owing question
Check the box indic	-	=	=						g items were c ovided to the	
☐ The manufactur☐ The patient sign			the patient		_		ed the pati			patient
Medical (Surgi					☐ Medical					
☐ Medical (Surgi	cal) Mer	strual Aspiration			☐ Medical	(Surgica	al) Mensti	ual Asp	iration	
Medical (Surgi	cal) Oth	er (Specify)			Medical	(Surgica	al) Other	Specify	)	
For Medical (Surgio	al) proce	dures, answer the fo	ollowing question.		For Medical	(Surgica	ıl) procedu	res, ans	wer the follow	ring question.
Was the fetus viab	le or have	e a post fertilization	age at least 20 weeks?							at least 20 weeks?
	■ No	1	1.4.6.11		_	∕es □	_		1.4	d C II
		opportunity to survi	lete the following questi	ons.	_	-			_	the following questions.
Yes [		opportunity to survi	vC:			us given Yes		pportun	ity to survive?	
What was the ha	sis for	determination that	the pregnant woman	had a	What was	the bea	aia for d		tion that the	nrooment weemen had a
condition that requ	ired the		death or serious impairs							e pregnant woman had a th or serious impairment to
the pregnant woman	n?				the pregnan	it woman	1?			
List the name of the	second d	octor present, as requ	ired under IC 16-34-2-3(a	a)(3)	List the nam	e of the	second do	ctor pre	esent, as requi	red under IC 16-34-2-3(a)(3)
N/A										
Date last normal me	_		Physic	ian estimat	te of gestation (i	in weeks	)	Post f	ertilization ag	e of the fetus (in weeks)
How war- 4l-		28/2018	on ago datamini - 10		13					11
How were the gestar  ULTRASOUND	попат ад	anu post tertilizatio	on age determined?							
<u></u>	omt -l. c.	and) 🗆		***	i C	.: c:	1	n		
Was a waiver of cons			s No No g any of the following?		a waiver of not				Yes	■ No  Trafficked
			any or the following?	☐ Ab	useu	☐ C	oerced	L	Harassed	<u></u> паніскец
Full name of physic										
	_		mber and street, city, sto	ate, and zip	code)					
8590 GEORGETO	_	-		^						
**Date Reported	to DCS	if Patient under	16 (month, day, year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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						<u> </u>			- (/-	I a . a		<del> </del>
Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 8	590 GEORGETOWN ROA	AD, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	-			County of p		y termination RION
Patient's age**	Marrie		Date of pregr	•		Educa	tion					
Race	<u> </u>	Yes No		07/18/20 <sup>-</sup>	18				8th C	Grade or Le	SS	
☐ American Indian☐ Native Hawaiian☐			☐ Asian ☐ White	☐ Blac ■ Othe		an American	☐ Ur	nknown	■ Hisp	y anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	4				Numl	ber now d	leceased	0		
Other Termination	ns: N	umber of spontaneo					Numl	ber of ind	uced termi	inations		
Dates of termination		ot include this termi	nation. If more 1	han six (6	). those m	ost recent.)				2		
ı. <b>2013</b>		2014	3			4		5			6	
Fetus delivered alive		If yes, length of t	ime fetus surviv	/ed:					y preexistin		nditions of	the patient that may
								N/A				
Fetus viable?		If viable, medical	l reason for term	nination:					0 1	.: () CD		
☐ Yes ■	No								_	cation(s) of P		
								_	None Hemorrhag	re 🗆		Perforation  I Laceration
Pathological examin	nation	If yes, results:							Infection	,		ed Products
performed?	No								Other (Spe	_		
	110											
								Did thi	s terminati	on of pregnar	ncv result	in a maternal death?
								☐ Ye				
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy				Additional Pr	rocedur	e that Ter	minated P	regnancy		
Medical (Nonsi									Mifepriston			
Medical (Nonsi									Aisoprosto Other (Spec			
_	υ,	(1 )3/						0 ,	` 1	337		
For Medical (Nonsu	raigal) n	roaduras, answar t	a following au	action		For Medical (	Nongu	raigal) pr	aaduraa a	ngwar tha fall	owing au	action
Check the box indic	-		0 1	estion		Check the bo						
The manufactur			the patient			=				ovided to the	patient	
The patient sign									itient agree			
■ Medical (Surgion Med		nstrual Aspiration				☐ Medical ☐ Medical			ion Curetta strual Aspi			
☐ Medical (Surgion	cal) Oth	er (Specify)				☐ Medical	(Surgio	cal) Othe	r (Specify)			
For Medical (Surgic	al) proce	edures, answer the fo	ollowing question	on.		For Medical	(Surgic	al) proced	lures ansv	ver the follow	ing quest	ion
` •		e a post fertilization								rtilization age	• .	
	■ No					Yan	-	No No				
If the previous quest Was the fetus given				ng questic	ons.	•	•		•			ving questions.
	□No	opportunity to surv					Yes [		opportuni	ty to survive?		
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the h	asis for	determina	tion that the	nreonai	nt woman had a
condition that requ	ired the					condition the	hat requ	uired the				ous impairment to
the pregnant woman	1?					the pregnan	t woma	ın?				
List the name of the	second d	octor present, as requ	uired under IC 16	6-34-2-3(a)	(3)	List the nam	e of the	e second	doctor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)
N/A  Data last normal ma	maa-1	an an		D1 · ·		1 of a-t-1 (		· a \	D- + C	utilia-ti	o of 41. C	otus (in constant
Date last normal me	_	an <b>/07/2018</b>		rnysicia	an esumat	e of gestation (i	ın week	s)	Post fe	aunzanon ag	e of the fo <b>8</b>	etus (in weeks)
How were the gestar			on age determin	ned?								
ULTRASOUND												
Was a waiver of cons	ent obtai	ned? Ye	es 🔳 ì	No	Was	a waiver of not	tificatio	n obtaine	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of bein	g any of the follo	owing?	☐ Abı	used		Coerced		Harassed	☐ Tr	afficked
Full name of physic												
DR. CASANDRA C												
Address of physician 8590 GEORGETO	-	-		t, city, stai	te, and zip	code)						
5555 52516		,	, 70200									
**Date Reported	to DCS	, if Patient under	16 (month, day	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•	Some College, No Degree    Ethnicity   Hispanic or Latino   Unknown on North Hispanic or Latino   Unknown on Hispanic or Latino   Unknown on Hispanic or Latino   Unknown or Latino   Unknow				
Patient's age**	Marrie		Date of pregn	nancv term	ination	Educa	tion			I		
20	_	Yes No	1 0	07/18/20 <sup>-</sup>					Some Co	ollege, No I	Degree	
Race American India Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American			Hispa	anic or Latin		Unknown
Live Births:	N	umber now living	2				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of ind	luced termi			
Dates of termination 1. 03/09/2018		ot include this termin				ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:							nditions of t	the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	nination:					Compli	cation(s) of P	regnancy <sup>r</sup>	Termination
	INU											
								_		_	_	
Pathological examination performed?	nation	If yes, results:							Infection		Retained	l Products
Yes •	No								Other (Spec	cify)		
								Did thi	s terminati	on of pregna	ncy result i	n a maternal death?
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy				Additional Pr	rocedure	that Te	rminated P	regnancy		
☐ Medical (Nons												
☐ Medical (Nons ☐ Medical (Nons												
	urgivur)	other (specify)					(1 (01154	181011)	suici (spec	937		
FM-4:1 (N	:		- C-11i	4:		F M- E1 (	N	-:D	4		1	4:
For Medical (Nonsu Check the box indic				estion								Stion
☐ The manufactur	rer's instr	ructions provided to	_			☐ The man	ufacture	er's instr	uctions pro	vided to the	-	
The patient sign												
Medical (Surgi		tion Curettage istrual Aspiration										
Medical (Surgi												
For Medical (Surgio	cal) proce	edures answer the fo	llowing questic	n .		For Madical (	(Surgion	I) proce	duras answ	var tha fallow	ving questi	
· -		e a post fertilization										
☐ Yes	■ No	_				□ Y	es [	No	_			
		answered yes, comp		ng questio	ns.	_	-		-	_		ng questions.
	∏No	opportunity to surviv	ve:						opportunit	ty to survive?	,	
What was the ba	sis for	determination that	the pregnant	woman h	nad a	What was	the be	sis for	datarmina	tion that the	o prognan	t women had a
condition that requ	aired the	procedure to avert				condition th	hat requ	ired the				
the pregnant woman	n?					the pregnan	t womar	1?				
	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)
N/A				I pr		<u> </u>		`			0.1 5	
Date last normal me	_	an <b>22/2018</b>		Physicia	ın estimat	e of gestation (i	ın weeks	i)	Post fe	ertilization ag		.us ( <i>in weeks</i> )
How were the gesta			on age determin	ied?					<u> </u>			
ULTRASOUND												
Was a waiver of cons	sent obtai	ned?	s • 1	No	Was	a waiver of not	tification	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being			☐ Abı	ısed	C	oerced		Harassed		fficked
Full name of physic	ian perfo	rming termination										
DR. CASANDRA C												
Address of physicia 8590 GEORGETO	-	=		t, city, stat	e, and zip	code)						
JUJU GEORGEIO		, INDIANAFUL	, +0200									
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of preg	nancy ter			County of p	oregnancy termination MARION
Patient's age** 19	Marrie	d ☐ Yes ■ No	Date of pregna	ancy term 07/18/20		Edu	cation	5		ollege, No D	)egree
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	■ Blac		an American		nknown	Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	0				Numl	ber now de	ceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numl	ber of indu	ced termi	nations 0	
Dates of termination	ns (Do no	ot include this termin	ation. If more th	nan six (6	), those m	ost recent.)	ı				
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:		4			preexistin	-	ditions of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					one		regnancy Termination  Uterine Perforation
Pathological examir performed?		If yes, results:						☐ In	emorrhag fection ther (Spec		Cervical Laceration Retained Products
								Did this Yes	termination N		ncy result in a maternal death?
				Туре	of Termi	nation Proced	ures				
Procedure that Term		• •				Additional					
Medical (Nonsi	urgical)	Misoprostol				☐ Medic	al (Nonsu	rgical) Mirgical) Mirgical) Ot	isoprostol	l	
Check the box indic	eating the rer's instructed the pa cal) Suc cal) Mer	tion Curettage	re completed	stion		Check the The ma	oox indicumufactur tient sign al (Surgional (Surgional)	ating the f	ollowing etions pro ent agree n Curetta rual Aspi	items were covided to the perment age ration	_
Was the fetus viab ☐ Yes	le or hav	edures, answer the fo	age at least 20 v	veeks?		Was the	etus viab Yes [	ole or have  No	a post fer	rtilization age	ring question. e at least 20 weeks?
	the best	answered yes, compoportunity to surviv		ig questic	ons.	Was the f	-	n the best o	-	es, complete to ty to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	uired the p			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requi	red under IC 16	-34-2-3(a)	0(3)	List the na	me of the	e second do	octor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	04/	29/2018		_	an estimat	e of gestation 12	(in week	s)	Post fe	ertilization ag	e of the fetus (in weeks)
How were the gestar ULTRASOUND	tional ag	e and post fertilization	n age determin	ed?							
Was a waiver of cons		1 1 60				a waiver of n				Yes	■ No
Is the patient seeking			any of the follo	wing'?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CASANDRA C	_										
Address of physicia 8590 GEORGETO	-	ning termination (nu		, city, sta	te, and zip	code)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of	pregnancy tern MARION	
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educa	tion					
29	_	Yes No	(	07/18/201	18					elor's Degi	ee	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		known	Not I	y anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	0				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)	I					
1		2				4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin		iditions of the p	patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Tern	nination
	110							•	None		Uterine Perf	Coration
Data to the control of the control o		TC L							Hemorrhag	ge 🗆	Cervical Lac	ceration
Pathological examination performed?	nation	If yes, results:							Infection		Retained Pro	oducts
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a	maternal death?
		<u> </u>						☐ Yee	es 🔳 N	υ		
				Туре	of Termi	nation Procedur						
Procedure that Term						Additional Pr				•		
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprosto			
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)		
		rocedures, answer the following items we		estion		For Medical ( Check the bo	`	_ , 1			lowing question	n
	-	ructions provided to	-					_	_	vided to the	-	
☐ The patient sign	ned the pa	tient agreement				☐ The patie	ent sign	ed the pa	atient agree	ment		
Medical (Surgi		tion Curettage nstrual Aspiration							ion Curetta strual Aspi			
Medical (Surgi									er (Specify)			
For Medical (Surgic	cal) proce	edures, answer the fo	llowing questic	n.		For Medical (	(Surgica	al) proce	dures answ	ver the follow	ving question.	
· -		e a post fertilization									e at least 20 we	eeks?
	■ No	anguard was some	lata tha fallawi	na avaatia			es [	_	amarrianad ri	aa aammilata	the following	avoationa
		answered yes, comportunity to surviv		ng questio	IIS.	_	-		-	es, complete ty to survive?	the following	questions.
	□No						Yes [			.,		
		determination that									e pregnant w	
the pregnant woman		procedure to avert of	leath or serious	s impairme	ent to	condition the pregnan			procedure	to avert dear	th or serious i	mpairment to
						prognan	Office	-				
List the name -f4	Canona I	octor present, as requi	irad undar IC 10	24.2.2(-)	(3)	Lint tha	a of +1.	Sease J	doctor	ant or == .	rad under IC 1	16-34-2-3(a)(3)
N/A	second d	octor present, as requi	ired under ic re	54-2-3(a)	(3)	List the nam	e or the	second	doctor pres	sent, as requi	red under ic i	.0-34-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	ın estimat	e of gestation (i	in weeks	5)	Post fe	rtilization ag	ge of the fetus (	(in weeks)
11 3		14/2018		10		8					6	
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
<u></u>	. 1. 1	10 🗖			***				10			
Was a waiver of cons Is the patient seeking						a waiver of not used		n obtain Coerced	ea!	☐ Yes Harassed	■ No  □ Trafficl	ked
Full name of physic			, any or the folio	.,,,,,,,	Aut			Joneth		114145504		200
DR. CASANDRA	-	-										
	-	ning termination (nu		t, city, stat	e, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	i5, IN 46268									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of	pregnancy to	
Patient's age**	Marrie	:d	Date of pregn	nancy term	ination	Educa	tion					
37	_	Yes No		07/18/20 <sup>-</sup>	18				Asso	ociate Degr	ee	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	■ Blac		an American		ıknown	Not I	y anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	3				Numb	per now o	leceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations				Numb	per of inc	luced termi	nations 3		
Dates of termination  1. UNKNOWN		ot include this termin	nation. If more t		), those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	ime fetus surviv	ed:					y preexistin cate the abo		nditions of th	ne patient that may
								N/A				
Fetus viable?	N.T.	If viable, medical	reason for term	nination:					Compli	cation(s) of P	regnancy T	ermination
☐ Yes ■	No								None		Uterine P	
									Hemorrhag	_	-	Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained	Products
Yes •	No								Other (Spec	cify)		
								Did thi	s terminati	on of pregnar	ncv result ir	n a maternal death?
								☐ Ye				
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy				Additional Pr	rocedure	e that Te	rminated P	regnancy		
Medical (Nons									Mifepriston			
Medical (Nonsi									Misoprosto Other (Spec			
	8 )	(-x - 35)					(	<i>S y</i>	(-7	357		
For Medical (Nonsu	raical) n	rocedures, answer th	a following au	action		For Medical (	Noncur	raical) pr	ocedures a	newer the foll	lowing gues	rtion
Check the box indic				zstion		Check the bo						tion
		ructions provided to	the patient						-	vided to the	patient	
The patient sign									atient agree			<del></del>
	cal) Mer	nstrual Aspiration							ion Curetta strual Aspi			
☐ Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	ollowing questic	on.		For Medical	(Surgica	al) proce	dures, answ	ver the follow	ving questio	 n.
		e a post fertilization	age at least 20	weeks?					e a post fei	rtilization age	e at least 20	weeks?
☐ Yes  If the previous ques	☐ No	answered ves comr	alete the followi	ng anestic	ng	If the previou	es [	_	nswered v	es complete	the following	ng questions
		opportunity to survi		ng questro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	-		-	ty to survive?		ig questions.
□Yes [	□No						Yes [		11	,		
		determination that										woman had a
the pregnant woman		procedure to avert	death or serious	s impairm	ent to	condition the pregnan			procedure	to avert dear	th or seriou	is impairment to
						program	Jiid					
Tiva or				. 24 2 2	(2)	Tive	0.7		1			0.16.04.0.06.50
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	)(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC	C 16-34-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in week:	s)	Post fe	rtilization ag	e of the feti	ıs (in weeks)
	_	23/2018		<u> </u>		7					5	·
How were the gesta	tional age	e and post fertilization	on age determin	ied?								
ULTRASOUND												
Was a waiver of cons						a waiver of not			ed?	Yes	■ No	
Is the patient seeking			g any of the follo	owing?	☐ Abı	used		Coerced		Harassed	☐ Traf	ficked
Full name of physic DR. CASANDRA C	-	-										
Address of physicia			umber and stree	t, city, stai	te, and zip	code)						
8590 GEORGETO	-	=			~7	•						
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/25/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination  MARION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educat	tion				
25		Yes No	(	07/18/201	18			H		ol Diploma	or GED
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	0					er now c		0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 0	
Dates of termination	,		v			,					
1						4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
								N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination
								• 1	None		Uterine Perforation
Pathological examir	nation	If yes, results:							Hemorrhag	ge 🗆	Cervical Laceration
performed?	iation	ii yes, iesuits.						_	Infection		Retained Products
☐ Yes ■	No							□ '	Other (Spec	cify)	
								Did thi			ncy result in a maternal death?
		1		-	677				о <u> —</u> 1 <b>V</b>		
Procedure that T	ninot- J.P.	roanar ev		Туре	of Termi	nation Procedur		that T	minot- 1 P	roonan	
Procedure that Term  Medical (Nons)						Additional Pr			Mifepriston		
Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) N	Misoprosto	l	
Medical (Nons	urgical)	Other (Specify)				Medical	(Nonsu	rgical) (	Other (Spec	erfy)	
	cating the rer's instr	e following items we fuctions provided to	ere completed	estion		Check the bo	x indica	ating the er's instru	following	items were covided to the	
The patient sign  Medical (Surgi									ion Curetta		· · · · · · · · · · · · · · · · · · ·
Medical (Surgi	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration	
Medical (Surgi	cai) Otn	er (Specify)				Medical	(Surgic	ai) Otne	r (Specify)		
For Medical (Surgio			• .			For Medical (	-				
	le or have	e a post fertilization	age at least 20 v	weeks'?		Was the fet		le or hav ] No	e a post fei	rtılızatıon age	e at least 20 weeks?
If the previous ques	tion was			ng questio	ns.	_			inswered y	es, complete	the following questions.
	the best ☐No	opportunity to survi	ve?				ıs given Yes 🔲		opportunit	ty to survive?	
What was the ba	sis for a	determination that procedure to avert of				What was condition th	the ba	sis for aired the			e pregnant woman had a th or serious impairment to
the pregnant woman	11!					the pregnant	womai	n?			
List the name of the <b>N/A</b>	second de	octor present, as requ	ired under IC 16	i-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	_			Physicia	ın estimat	e of gestation (i	n weeks	5)	Post fe	ertilization ag	e of the fetus (in weeks)
How were the gesta		25/2018  e and post fertilization	n age determin	ed?		8					6
ULTRASOUND	tionar ag	o una post fortinizatio	m age determin	cu.							
Was a waiver of cons	sent obtain	ned?	; • N	lo	Was	a waiver of not	ificatio	n obtaine	ed?	☐ Yes	■ No
Is the patient seeking	an aborti	on as a result of being			☐ Abı	ısed	☐ C	oerced		Harassed	☐ Trafficked
Full name of physic DR. CASANDRA C	-										
Address of physicia	n perforn	ning termination (nu		t, city, stat	e, and zip	code)					
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268								
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS, I	N, 46268	City or	town, of pregn	ancy ter			County of J	pregnancy termination MARION
Patient's age** 32	Marrie	d ■ Yes 🔲 No	Date of pregna	ancy term 07/18/20		Educ	ation		Bach	elor's Degr	ree
	n or Othe	ka Native r Pacific Islander umber now living	Asian White	☐ Blac		an American			Not I	nnic or Latino Hispanic or L	
Live Births:	N		1					ber of induced		0	
Other Termination	15.	umber of spontaneou	0				Nulli	ber of induced	i termin	0	
Dates of termination	1S ( <i>Do no</i> 2	t include this termin	ation. If more th	an six (6	), those m	ost recent.)		5			6
Fetus delivered alive		If yes, length of ti		ed:		<u> </u>		List any pre		-	aditions of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for term	nation:				■ None	е		regnancy Termination Uterine Perforation
Pathological examin performed?		If yes, results:						☐ Infec	orrhag ction r (Spec		Cervical Laceration Retained Products
									minatio		ncy result in a maternal death?
				Туре	of Termi	nation Proced	ures				
Procedure that Term	ninated P	regnancy				Additional I	rocedur	e that Termina	ated Pr	regnancy	
Medical (Nonsi	urgical)	Misoprostol				☐ Medica	l (Nonsu	rgical) Mifer rgical) Misor rgical) Other	prostol		
The patient sign  Medical (Surgion	eating the rer's instr ed the pa cal) Suc cal) Mer	e following items we uctions provided to tient agreement tion Curettage astrual Aspiration	ere completed	stion		Check the b	ox indic nufactur ient sign l (Surgio l (Surgio	rgical) procedurating the follower's instructioned the patient call Suction Call Menstruated Other (Sp.	owing ons pro t agree Curetta	items were c vided to the ment ge	=
Yes   If the previous quest	le or have	e a post fertilization answered yes, comp	age at least 20 v	veeks?	ons.	Was the f	etus viab Yes [	ole or have a p	ost fer	tilization age	ving question. e at least 20 weeks? the following questions.
Was the fetus given		opportunity to survi	ve?				tus giver Yes [	n the best opp	ortunit	y to survive?	
What was the ba	sis for ired the	determination that procedure to avert of				What was	the ba	asis for dete			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nar	ne of the	e second docto	or pres	ent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	-	an <b>03/2018</b>		Physicia	an estimat	e of gestation  6	(in week	s) 1	Post fe	rtilization ag	e of the fetus (in weeks) 4
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?				1			
Was a waiver of cons						a waiver of no				Yes	No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CASANDRA C	-										
Address of physician 8590 GEORGETO	n perforn	ning termination (nu		city, stai	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address	590 GEORGETOWN ROA	•			town, of pregna	ncy ter	mination	. ,	County of		y termination
						INDIAN		.15			MA	RION
Patient's age** 41	Marrie [	d ☐ Yes ■ No	Date of pregnar	ncy termi 7/18/201		Educa	tion	ŀ		ool Diploma	or GED	)
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Black		an American	■ Ur	ıknown		y anic or Latin Hispanic or I		☐ Unknown
Live Births:		umber now living	3	ounc				ber now o		0	atino	Challown
Other Termination	ns: N	umber of spontaneo					Numl	ber of ind	luced termi			
Dates of termination			nation. If more tha	ın six (6)	, those m	ost recent.)				<u> </u>		
1. 10/04/2016		UNKNOWN	3			4		5		1' 1	6	Cal. di cal. a
Fetus delivered aliv		If yes, length of the	ime fetus survived	1:					y preexisting cate the abo		nditions of	f the patient that may
7		xo : 11	0					N/A				
Fetus viable?  Yes	No	If viable, medical	reason for termin	iation:					Compli	cation(s) of P	regnancy	Termination
								_	None			e Perforation
Pathological examin	nation	If yes, results:							Hemorrhag Infection	ge	•	al Laceration ed Products
performed? ☐ Yes ■	No								Other (Spe		,	
								Did thi ☐ Ye			ncy result	t in a maternal death?
				Tyne	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy		-71		Additional Pr		e that Ter	rminated P	regnancy		
Medical (Nons									Mifepristor			
☐ Medical (Nons ☐ Medical (Nons									Misoprosto Other ( <i>Spec</i>			
For Medical (Nonsu Check the box indic				ion		For Medical ( Check the bo		_ , 1			U 1	
☐ The manufacture		=	=			☐ The man	ufactur	er's instr	uctions pro	ovided to the	_	
☐ The patient sign ☐ Medical (Surgi									atient agree			
☐ Medical (Surgi	cal) Mer	nstrual Aspiration					(Surgio	cal) Men	strual Aspi	iration		
Medical (Surgi	cal) Oth	er (Specify)				Medical	(Surgio	cal) Othe	r (Specify)			
For Medical (Surgio		edures, answer the for e a post fertilization				For Medical (				ver the follov rtilization ago		
☐ Yes	No					□ Y	es [	No	_			
If the previous ques Was the fetus giver		answered yes, comp opportunity to survi	_	question	18.				-	es, complete ty to survive?		wing questions.
	□No	opposition of the control					Yes [		. оррогия	ty to survive:		
		determination that procedure to avert										nt woman had a
the pregnant woman		procedure to avert	death of serious i	прантіе	iii to	the pregnan			procedure	to avert dea	th or seri	ous impairment to
	second d	octor present, as requ	ired under IC 16-3	34-2-3(a)(	(3)	List the nam	e of the	e second	doctor pres	sent, as requi	red under	r IC 16-34-2-3(a)(3)
N/A  Date last normal me	nges bac	an	1	Physicia	n estimat	e of gestation (i	n wool-	·c)	Doct fo	ertilization co	e of the f	etus (in weeks)
Date last normal me	_	an 17/2018		i iiysicid	ıı cənnidl	<b>9</b>	п weeк	<i>3)</i>	1 USL IC	aunzanon ag	<b>7</b>	ous (in weeks)
How were the gesta	tional ag	e and post fertilization	on age determined	1?					•			
ULTRASOUND												
Was a waiver of cons Is the patient seeking					Was	a waiver of not		on obtaine Coerced	ed?	☐ Yes ☐ Harassed	■ No	rafficked
Full name of physic			5) Of the 10110W		Au	u		301000		_ 11u1u55CU	٠٠ ـــ	
DR. CASANDRA C	CASHMA	AN										
Address of physicia 8590 GEORGETO	-	=		city, state	e, and zip	code)						
		,	, 3_3 <del>*</del>									
**Date Reported	to DCS	, if Patient under	16 (month, day, y	rear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of		y termination <b>RION</b>
Patient's age**	Marrie	sd.	Date of pregn	ancy term	ination	Educa	tion					
35	_	Yes No		07/18/201	18				Asso	ociate Degr	ee	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Blac		an American		known	■ Not I	/ anic or Latin Hispanic or L		☐ Unknown
Live Births:	N	umber now living	2				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations <b>2</b>		
Dates of termination 1. <b>07/2017</b>		ot include this termin UNKNOWN	ation. If more to			ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo		nditions of	f the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Complia	cation(s) of P	regnancy	Termination
	110							▣	None	`	_	e Perforation
									Hemorrhag	е 🗆	Cervica	al Laceration
Pathological examination performed?	nation	If yes, results:							Infection		Retaine	ed Products
Yes •	No								Other (Spec	cify)		
								Did thi	s termination	on of pregna	ncy result	t in a maternal death?
				Туре	of Termi	nation Procedu	res					
Procedure that Tern	ninated P	regnancy				Additional Pr	ocedure	e that Te	rminated Pi	regnancy		
☐ Medical (Nons									Mifepriston			
☐ Medical (Nons ☐ Medical (Nons									Misoprostol Other (Spec			
		(~F 9))					(		~ (~ <sub>F</sub>	957		
FM-4:1 (N	:-1\		- C-11i			For Medical (	N	-:1\			1	4:
		rocedures, answer the following items we		stion		Check the bo						
	-	ructions provided to	-			☐ The man	ufactur	er's instr	uctions pro	vided to the	-	
The patient sign									atient agree			
Medical (Surgi		tion Curettage							ion Curetta strual Aspi			
Medical (Surgi									er (Specify)			
For Medical (Surgic	cal) proce	edures, answer the fo	llowing questic	an .		For Medical	(Surgio	1) proce	duras ansu	or the fellow	uing guas	tion
· -		e a post fertilization								tilization age		
☐ Yes	■ No	-				□ Y	es [	No	-			
		answered yes, comp		ng questio	ns.	_	-		-	_		wing questions.
	∏No	opportunity to surviv	ve:				us giver Yes [		t opportunit	y to survive?		
What was the ba	sis for	determination that	the pregnant	woman h	nad a	What was	the be	aia for	datarminat	ion that the	a pragna	nt woman had a
condition that requ	aired the	procedure to avert of										nt woman had a ous impairment to
the pregnant woman	n?					the pregnan	t woma	n?				
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	ent, as requi	red under	r IC 16-34-2-3(a)(3)
N/A				l		<u> </u>			1 -			
Date last normal me	_	an <b>20/2018</b>		Physicia	ın estimat	e of gestation (i	in weeks	s)	Post fe	rtilization ag	ge of the fo	etus (in weeks)
How were the gesta		e and post fertilization	on age determin	ed?		<u> </u>						
ULTRASOUND	J	1	S									
Was a waiver of cons	sent obtain	ned?	: I N	Jo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking						ısed		Coerced		Harassed		rafficked
Full name of physic												
DR. CASANDRA	CASHMA	AN										
	-	ning termination (nu		t, city, stat	e, and zip	code)						
8590 GEORGETO	WNN KO	AD, INDIANAPOL	15, IN 46268									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/25/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•	High School Diploma or GED    Ethnicity			tion	
Patient's age**	Marrie	d	Date of pregn	nancy term	ination	Educa	tion			1		
34	_	Yes No	1 0	07/18/20 <sup>-</sup>				ŀ	ligh Scho	ool Diploma	or GED	
Race American India Native Hawaiia	n or Othe	r Pacific Islander	Asian White	■ Blac		an American			Hispa	anic or Latin		nknown
Live Births:	N	umber now living	1				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations 2				Numb	per of inc	luced termi			
Dates of termination 1. <b>08/07/2014</b>		ot include this termin	ation. If more t		), those m	ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:							nditions of the patie	nt that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	nination:				-	Compli	cation(s) of P	regnancy Termina	tion
	110							▣	None		Uterine Perforat	ion
Pathological examin	antion	If you may ltay							Hemorrhag	ge 🗆	Cervical Lacerat	ion
performed?	iation	If yes, results:									Retained Produc	ts
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a mate	ernal death?
				Type	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy		1 ype	, 01 1011111			e that Te	rminated P	regnancv		
☐ Medical (Nons	urgical)	Mifepristone				☐ Medical	(Nonsu	rgical) l	Mifepriston	ne		
☐ Medical (Nons ☐ Medical (Nons												
	,	(-1-33)					(	8 )	( <b>-</b>	337		
For Medical (Nonsu	ırgical) n	rocedures answer th	e following au	estion		For Medical (	Nonsur	gical) pr	ocedures a	nswer the fol	owing question	
Check the box indic	cating the	e following items we	ere completed			Check the bo	x indic	ating the	following	items were o	ompleted	
☐ The manufactur ☐ The patient sign		ructions provided to	the patient								patient	
Medical (Surgi												
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration		
Medical (Surgi	icai) Oui	л (Specify)				iviedicai	(Surgic	ai) Ouic	н (зресцу)			
For Medical (Surgio												n.
	e or nav	e a post fertilization	age at least 20	weeks?					e a post tei	rtilization age	e at least 20 weeks	<i>:</i>
If the previous ques				ng questio	ons.	_	-		-	_		tions.
	i the best	opportunity to survi	ve?						t opportunit	ty to survive?		
What was the ha	isis for	determination that	the pregnant	woman l	nad a			_	determina	tion that the	e pregnant woma	ın had a
condition that requ	aired the	procedure to avert of				condition th	hat requ	ired the				
the pregnant woman	:					the pregnan	ı woma	11.7				
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34	1-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in weeks	5)	Post fe	ertilization ag	e of the fetus (in w	reeks)
***		27/2018				7						
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ied?								
Was a waiver of cons	sent obtain	ned?	s I N	No	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No	
Is the patient seeking	an aborti	on as a result of being			☐ Abı	ısed		Coerced		Harassed	Trafficked	
Full name of physic	-	-										
Address of physicia			mhar and straa	t city stat	to and zin	code)						
8590 GEORGETO	-	-		., c.i.y, siul	, ани 41Р	couc <sub>j</sub>						
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

					City or					County of		termination			
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion								
40	_	Yes No		07/18/20 <sup>-</sup>	18				Bach	elor's Degi	ree				
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		known	☐ Not I	y anic or Latino Hispanic or L		Unknown			
Live Births:	N	umber now living	3				Numb	er now o	deceased	0					
Other Termination	ns: N	umber of spontaneou	us terminations 0				Numb	er of inc	luced termi	nations <b>2</b>					
Dates of termination  1. UNKNOWN		t include this termin	nation. If more to			ost recent.)		5			6				
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin		nditions of	the patient that may			
								N/A							
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy	Termination			
	110								None			Perforation			
									Hemorrhag	je 🗆	Cervica	al Laceration			
Pathological examination performed?	nation	If yes, results:							Infection		Retaine	ed Products			
Yes •	No								Other (Spec	cify)					
								Did thi	is terminati	on of pregnar	ncv result	in a maternal death?			
								☐ Ye							
	Type of Termination Proc								ion Procedures						
Procedure that Term	ninated P	regnancy				Additional Pr	rocedure	e that Te	rminated P	regnancy					
Medical (Nons							Mifepriston								
■ Medical (Nons ■ Medical (Nons									Misoprosto Other (Spec						
For Medical (Nonsu	ırgical) n	rocedures answer th	e following and	estion		For Medical (	Nonsur	gical) pr	ocedures a	nswer the fol	lowing au	estion			
Check the box indic						Check the bo	x indic	ating the	following	items were c	completed				
The manufacture The patient sign		uctions provided to	the patient						uctions pro atient agree	vided to the	patient				
☐ Medical (Surgi									ion Curetta						
Medical (Surgi	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration					
Medical (Surgi	cal) Oth	er (Specify)				Medical	(Surgic	al) Othe	er (Specify)						
For Medical (Surgio	cal) proce	dures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proce	dures, answ	ver the follow	ving quest	ion.			
		e a post fertilization	age at least 20	weeks?					e a post fei	tilization age	e at least 2	0 weeks?			
☐ Yes If the previous ques	☐ No tion was	answered ves. comp	lete the following	ng auestio	ons.		es [ Is auesti	_	answered v	es. complete	the follow	ving questions.			
Was the fetus given	n the best	opportunity to survi		0 1		_	-		-	y to survive?					
□Yes	□No						Yes [	No							
		determination that										nt woman had a			
the pregnant woman		procedure to avert	ueath of serious	s impairm	ent to	the pregnan			procedure	to avert dear	th or serio	ous impairment to			
List the name of the	second d	octor present, as requ	ired under IC 14	C3/L2 2/eV	(3)	List the nom	e of the	second	doctor pro-	ent as room:	red under	IC 16-34-2-3(a)(3)			
List the name of the	sconu u	octor present, as requ	nou unuei iC 10	, 5 <del>7-</del> 2-3(a)	(3)	List the nam	or the	second	accioi pies	oni, as requi	rea unuel	10-34-2-3(a)(3)			
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in weeks	5)	Post fe	rtilization ag	e of the fe	etus (in weeks)			
11		03/2018	*	10		6					4				
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?											
Was a waiver of cons	sent obtain	ned?	s I N	Ja	Was	a waiver of not	tificatio	n obtain	ed?	Yes	■ No				
Is the patient seeking						a warver or not		oerced	П	Harassed		afficked			
Full name of physic			· ·												
DR. CASANDRA	-	-													
Address of physicia	-	=		t, city, stat	te, and zip	code)									
8590 GEORGETO	WN KO	AU, INDIANAPOL	io, in 46268												
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

						<u> </u>			- (- /					
Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 8	590 GEORGETOWN ROA	AD, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	-			County of ]	oregnancy MAR	termination RION		
Patient's age**	Marrie		Date of pregr	•		Educa	tion							
Race		Yes No		07/18/20	18				Ethnicity	Unknown				
☐ American Indian☐ Native Hawaiian			☐ Asian ☐ White	■ Blac		an American	☐ Ur	nknown	■ Hisp	y anic or Latino Hispanic or L		Unknown		
Live Births:		umber now living	1	_				ber now d		0				
Other Termination	ns: N	umber of spontaneo					Numl	ber of ind	uced termi	inations				
Dates of termination		ot include this termin	nation. If more 1	han six (6	), those m	ost recent.)				2		_		
<sub>1.</sub> 07/20/2016		03/16/2017	3			4		5			6			
Fetus delivered alive		If yes, length of t	ime fetus surviv	/ed:					y preexistin		nditions of	the patient that may		
								N/A						
Fetus viable?		If viable, medical	reason for term	nination:				l	C 1	( ) CD				
☐ Yes ■	No								_	cation(s) of P	-			
								_	None Hemorrhag	re 🗆		Perforation  l Laceration		
Pathological examin	nation	If yes, results:							Infection	,,		d Products		
performed?	No								Other (Spe	cify)				
	110								_					
								Did thi	s terminati	on of pregnar	ncy result	in a maternal death?		
							Yes ■ No							
Type of Termination Proc														
Procedure that Term	Additional Pr	Procedures  tional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone												
☐ Medical (Nonsurgical) Mifepristone ☐ Med									Mifepriston Misoprosto					
Medical (Nonsi									Other (Spec					
For Medical (Nonsu	rgical) n	rocedures answer th	ne following and	estion		For Medical (	Nonsui	rgical) pro	ocedures a	nswer the fol	owing and	estion		
Check the box indic	_ , 1		0 1			Check the bo	x indic	ating the	following	items were c	ompleted			
		ructions provided to	the patient			=				ovided to the	patient			
☐ The patient sign ☐ Medical (Surgion						☐ Ine patie			itient agree					
☐ Medical (Surgion	cal) Mei	nstrual Aspiration				☐ Medical	(Surgio	cal) Men	strual Aspi	ration				
Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgio	cal) Othe	r (Specify)					
For Medical (Surgic	al) proce	edures, answer the fo	ollowing question	on.		For Medical	(Surgic	al) proced	dures, ansv	ver the follow	ing quest	ion.		
` •		e a post fertilization	• .							rtilization age				
	■ No	1	1.4.4.611			TC41	-	□ No		1.4	41 . C 11	•		
If the previous quest Was the fetus given		opportunity to survi		ng questic	ons.	•	•		•	es, complete ty to survive?		ving questions.		
	No	opposition of					Yes [		оррогин	ty to survive:				
What was the ba	sis for	determination that	the pregnant	woman l	had a	What was	the ba	asis for	determina	tion that the	e pregnar	nt woman had a		
condition that requ	ired the	procedure to avert				condition the	hat requ	uired the				ous impairment to		
the pregnant woman	11					the pregnan	t woma	n?						
	second d	octor present, as requ	iired under IC 16	6-34-2-3(a)	(3)	List the nam	e of the	e second	doctor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)		
N/A				Di · ·		 		-1	D + 2		64 6	to a Cincia di N		
Date last normal me	_	an <b>25/2018</b>		rnysicia	an estimat	e of gestation (i	ın week	<i>S)</i>	Post fe	atilization ag	e of the fe	etus (in weeks)		
How were the gestar			on age determin	ned?										
ULTRASOUND														
Was a waiver of cons	ent obtai	ned?	s 🔳 ì	No	Was	a waiver of not	tificatio	n obtaine	ed?	Yes	■ No			
Is the patient seeking	an aborti	on as a result of being	g any of the follo	owing?	☐ Abı	used		Coerced		Harassed		afficked		
Full name of physic	ian perfo	rming termination												
DR. CASANDRA C														
Address of physician 8590 GEORGETO	-	-		t, city, sta	te, and zip	code)								
JUJU GEORGEIO	1.0	, INDIANAFUL	, 114 40200											
**Date Reported	to DCS	, if Patient under	16 (month, day	, year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/25/2018

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Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	AD, INDIANAPOLIS,	IN, 46268	City or	town, of pregna				County of p	regnancy terr				
Patient's age**			anay tarm	ination	Educa										
36	Marrie	ed ☐ Yes ■ No	Date of pregn	07/18/20		Educa	tion	н	igh Scho	ol Diploma	or GED				
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White		k or Afric	an American		ıknown	Ethnicity Hispa		)	Unknown			
Live Births:	N	umber now living	3					per now d		0					
Other Termination	ns: N	umber of spontaneo	ous terminations <b>0</b>				Numl	per of ind	uced termi	nations 2					
Dates of termination  1. UNKNOWN		ot include this terming UNKNOWN	nation. If more t			ost recent.)		5			6				
Fetus delivered alive		If yes, length of t	ime fetus surviv	ed:				complie	preexisting preexi		ditions of the J	patient that may			
Fetus viable?		If viable, medica	l reason for term	ination:				N/A							
☐ Yes ■	No								Compli	cation(s) of Pr	regnancy Terr	nination			
Pathological examir performed?	nation No	If yes, results:						_ I	None Hemorrhag Infection Other (Spec		Uterine Peri Cervical La Retained Pr	ceration			
											cy result in a	maternal death?			
		<u> </u>						☐ Yes	s 🔳 N	0					
	Procedure that Terminated Pregnancy Ad								ination Procedures  Additional Procedure that Terminated Pregnancy						
								•							
Medical (Nons	urgical)	Misoprostol			☐ Medical	(Nonsu	rgical) N		l						
Medical (Nons	urgical)	Other (Specify)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)									
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed Chec The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration															
F M-Ji1 (Si	1\	.1 41 - C	11			F 16 F 1	/G :	1)		4 6 11	<del> </del>				
For Medical (Surgic Was the fetus viab		edures, answer the fo e a post fertilization				For Medical (				ver the follow rtilization age		eeks?			
Yes	■ No	•				□ Y	es [	No							
		opportunity to surv		ng questio	ns.		-	the best	-	es, complete t ty to survive?	he following	questions.			
What was the ba condition that requ the pregnant woman	aired the	determination that procedure to avert					hat requ	ired the				oman had a impairment to			
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  N/A  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)								16-34-2-3(a)(3)							
Date last normal me	e of gestation (i	in week.	5)	Post fe	ertilization age	e of the fetus	(in weeks)								
How were the gestar ULTRASOUND		27/2018 e and post fertilizati	on age determin	ed?		<i>'</i>					<u> </u>				
<u></u>	. 14.1	10 🗆 🗆			***			1	10						
Was a waiver of cons Is the patient seeking					was   ∏ Abı	a waiver of not		n obtaine Coerced	·a /	☐ Yes Harassed	■ No  Traffic	ked			
Full name of physic			J J 22 20110	0.				,							
DR. CASANDRA	-	-													
Address of physicia 8590 GEORGETO	-	-		t, city, stat	e, an <mark>d zip</mark>	code)									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/23/2018

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Facility Name and A		o me uno report on				town, of pregna				County of r	roananar	termination			
PPIN-GEORGETOWN OR	City of	INDIAN				County of p	MAR								
Patient's age**	Marrie		Date of pregn	•		Educa	tion								
Race	L	Yes No	(	07/18/20 <sup>-</sup>	18				Ethnicit	nelor's Degr	ee				
☐ American Indian ☐ Native Hawaiian			☐ Asian ■ White	☐ Blac		an American	☐ Ur	nknown	☐ Hisp	y anic or Latino Hispanic or L		Unknown			
Live Births:	N	umber now living	1				Numl	ber now d	eceased	0					
Other Termination	ns: N	umber of spontaneo	us terminations				Numl	ber of indu	uced termi	inations 1					
Dates of termination  UNKNOWN	ns (Do no	ot include this termin	nation. If more to	han six (6	), those m	ost recent.)		5		•	6				
Fetus delivered alive	e?	If yes, length of the	ime fetus surviv	ed:		<u>"</u>		List any	preexistin	ng medical con	ditions of	the patient that may			
☐ Yes ■	No							complic	eate the abo	ortion					
Fetus viable?		If viable, medical	reason for term	ination:											
☐ Yes ■	No							_	_	cation(s) of P	-				
								_	None Hemorrhag	re $\Box$		Perforation  Laceration			
Pathological examin	nation	If yes, results:							nfection	,		d Products			
performed?	No								Other (Spe	_					
								Did this			ıcy result i	in a maternal death?			
	Type of Termination Proced								<u> </u>						
								<u> </u>							
Medical (Nonsi	urgical)	Misoprostol					(Nonsu		1isoprosto	1					
ivicultar (Nonsi	uigicai)	Other (specify)				Wiculcar	(1voiist	iigicai) O	инсі (Брес	.1,1,1,1					
F Mlil (N	:-1)			_4:		F M-di1/	N	:1\				<b></b> :			
For Medical (Nonsu Check the box indic				Stion		For Medical ( Check the bo						Suon			
The manufactur			the patient							ovided to the	patient				
The patient sign  Medical (Surgical)						☐ Medical		ned the pa							
☐ Medical (Surgion	cal) Mer	nstrual Aspiration					(Surgio	cal) Mens	trual Aspi	ration					
Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgio	cal) Other	(Specify)						
For Medical (Surgic						For Medical (					• .				
l <u>—</u> .	le or hav	e a post fertilization	age at least 20 v	weeks?			tus viat es [		e a post fe	rtilization age	at least 20	) weeks?			
If the previous quest				ng questic	ons.	If the previou	s quest	ion was a	nswered y	es, complete	the follow	ing questions.			
	the best □No	opportunity to survi	ve?				us give Yes [		opportuni	ty to survive?					
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the be	ncic for a	datarmina	tion that the	nragnan	t woman had a			
condition that requ	iired the	procedure to avert				condition th	nat requ	uired the p				us impairment to			
the pregnant woman	1.					the pregnan	t woma	ın?							
List the name of the	second d	octor present, as requ	iired under IC 16	i-34-2-3(a)	)(3)	List the nam	e of the	e second d	loctor pres	sent, as requir	ed under	IC 16-34-2-3(a)(3)			
Date last normal me	_			Physicia	an estimat	e of gestation (i	n week	s)	Post fe	ertilization ag	e of the fet	tus (in weeks)			
II d		15/2018	1.4	10		7					5				
How were the gestar ULTRASOUND	tional ag	e and post tertilization	on age determin	ea?											
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	d?	☐ Yes	■ No				
Is the patient seeking			g any of the follo	wing?	☐ Abı	used		Coerced		Harassed	☐ Tra	ifficked			
Full name of physic DR. CASANDRA C				_											
Address of physicia			ımber and street	t, city, stat	te, and zip	code)									
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268												
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):						_					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/25/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410  Patient's age**  Married  Date of pregnance					City or t	town, of preg	gnancy ter			County of p	oregnancy termination  LAKE		
Patient's age** 14		d Yes No		ncy term 7/25/201		Edu	ication		9th-12	th, No Diplo	oma		
	n or Othe	ka Native r Pacific Islander umber now living	Asian White	■ Blac		an Americar	Uı Uı	ıknown ber now d	■ Not I	anic or Latino Hispanic or L			
Live Births:	N	umber of spontaneou	0				Num	her of ind	uced termi	nations			
Other Termination	15.	•	0		\ .#		INGILI	oci oi ilia	ucca termi	0			
Dates of termination	1S ( <i>Do no</i> 2	ot include this termin	ation. If more th	an six (6)	), those m	ost recent.)		5			6		
Fetus delivered alive		If yes, length of ti		ed:				compli	y preexistin		nditions of the patient that may		
Fetus viable?		If viable, medical	reason for termi	nation:				N/A					
Yes Yes	No	ii viabic, incurcar	reason for termi	nation.				_	None		regnancy Termination Uterine Perforation Cervical Laceration		
Pathological examin	nation	If yes, results:							Hemorrhag Infection	, с П	Retained Products		
performed?  Yes	No								Other (Spec	_	1100000		
								Did thi ☐ Ye			ncy result in a maternal death?		
	Type of Ten						durac	,					
Type of Termina  Procedure that Terminated Pregnancy							Additional Procedure that Terminated Pregnancy						
									Aifepriston				
■ Medical (Nonsurgical) Misoprostol							Medical (Nonsurgical) Misoprostol   Medical (Nonsurgical) Other (Specify)						
For Medical (Nonsu Check the box indic	cating the		ere completed	stion		Check the	box indic	ating the	following	nswer the foll items were c	_		
The patient sign									tient agree				
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
	le or hav	edures, answer the fo				For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?							
	☐ No tion was	answered yes, comp	lete the followin	g auestio	ns.	_	-	☐ No ion was a	nswered v	es, complete t	the following questions.		
	the best	opportunity to surviv		<i>O</i> 1		Was the	-	n the best	-	ty to survive?	= =		
	ired the	determination that procedure to avert of				condition		uired the			e pregnant woman had a th or serious impairment to		
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the n	ame of the	e second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)		
Date last normal me	-	an <b>25/2018</b>		Physicia	n estimat	e of gestation	ı (in week	s)	Post fe	ertilization ag	e of the fetus (in weeks) 7		
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?									
Was a waiver of cons					Was	a waiver of			ed?	Yes	■ No		
Is the patient seeking			g any of the follow	wing?	☐ Abu	ısed		Coerced		Harassed	☐ Trafficked		
Full name of physic DR. SARAH JULIA	-												
Address of physicia 8590 GEORGETO	n perforn	ning termination (nu		city, stat	e, and zip	code)							
2000 02010		,unini UL	.5, 10200										
**Date Reported	to DCS	, if Patient under	16 (month, day,	<sub>year):</sub> <b>07</b>	/25/2018								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address	•	INDIANAPOLIS, IN 46222	City or	town, of pregna	ancy ter	mination	County of pregnancy termination MARION	
Patient's age**	Marrie	ed	Date of pregnancy	termination	Educa	ition		•	
15		Yes No	07/2	6/2018				12th, No Diploma	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	= =	Black or Afric Other	can American	☐ Ur		spanic or Latino t Hispanic or Latino  Unknown	1
Live Births:	N	umber now living	0			Numl	ber now deceased	0	
Other Termination	ns: N	umber of spontaneo	us terminations 0			Numl	ber of induced ter	minations 0	
Dates of termination	ns (Do no	ot include this termin	nation. If more than s	six (6), those m	ost recent.)	I		·	
Fetus delivered aliv	2	If you langth of ti	me fetus survived:		4		5	esting medical conditions of the patient that m	- nav
Yes Yes		ii yes, iengui oi u	inie ietus sui viveu.				complicate the		шу
Fetus viable?		If viable, medical	reason for terminati	on:			Com	plication(s) of Pregnancy Termination	
☐ Yes ■	No						None None	Uterine Perforation	
							Hemorri	<del>-</del>	
Pathological examination performed?	nation	If yes, results:					☐ Infection	<del>_</del>	
■ Yes □	No	SAC & CHORIO	NIC VILLI				$\square$ Other (S	pecify)	
								ation of pregnancy result in a maternal dea	ath?
				Type of Termi	nation Procedu	res			
Procedure that Term	ninated P	regnancy		JF : 0. 1011111			e that Terminated	l Pregnancy	
☐ Medical (Nons	urgical)	Mifepristone			☐ Medical	(Nonsu	ırgical) Mifepris	tone	
☐ Medical (Nons ☐ Medical (Nons							rgical) Misopros rgical) Other (Sp		
For Medical (Nonsu				ı				, answer the following question	
Check the box indic	_	e following items we ructions provided to	=				•	ng items were completed provided to the patient	
☐ The patient sign							ned the patient ag	-	
■ Medical (Surgi ■ Medical (Surgi		tion Curettage estrual Aspiration					cal) Suction Cure cal) Menstrual A		
Medical (Surgi					Medical	(Surgio	cal) Other (Speci	fy)	
For Medical (Surgio	cal) proce	edures, answer the fo	ollowing question.		For Medical	(Surgic	al) procedures, ar	nswer the following question.	—
	le or hav	e a post fertilization	age at least 20 week	s?		tus viat Yes [		fertilization age at least 20 weeks?	
	_	answered yes, comp	lete the following qu	uestions.	_	_		l yes, complete the following questions.	
	n the best ☐ No	opportunity to survi	ve?			us give Yes [	n the best opportu	unity to survive?	
	_	determination that	the present was	on had a					
	aired the		the pregnant won death or serious imp			hat requ	uired the procedu	nation that the pregnant woman had ire to avert death or serious impairment t	
List the name of the	second d	octor present, as requ	ired under IC 16-34-2	2-3(a)(3)	List the nam	e of the	e second doctor p	resent, as required under IC 16-34-2-3(a)	)(3)
Date last normal me	_		Ph	ysician estimat	e of gestation (	in week	s) Pos	t fertilization age of the fetus (in weeks)	
How were the gesta		24/2018 e and post fertilization	on age determined?		10			8	
SONOGRAM		r							
Was a waiver of cons					a waiver of not			Yes No	
Is the patient seeking			g any of the following	g?	used	□ (	Coerced	Harassed Trafficked	
Full name of physic KATHLEEN GLO	_	uning termination							
Address of physicia	-	-		v, state, and zip	code)				
3607 WEST 16TH	STREE	I, INDIANAPOLIS	5, IN 46222						
440	,	.CD	16.	. 07/27/2042					
↑↑Date Reported	to DCS	, if Patient under	16 (month, day, year	r): <u>0112112</u> 018	,				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/27/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

					City or	INDIANAPOLIS ination Education						y termination RION		
Patient's age**	Marrie	rd.	Date of pregn	nancy term	ination	Educa	tion							
13	_	Yes No	1	07/27/20 <sup>-</sup>	18				8th C	Grade or Le	ess			
Race American India Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		known	Not I	y anic or Latin Hispanic or I		☐ Unknown		
Live Births:	N	umber now living	0				Numb	er now o	leceased	0				
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi	nations <b>0</b>				
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)	I.							
1		2				4		5			6			
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		aditions of	f the patient that may		
T								N/A						
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:				-	Compli	cation(s) of F	regnancy	Termination		
									None		] Uterine	e Perforation		
Pathological avamir	nation	If yes, results:							Hemorrhag	je 🗆	•	al Laceration		
Pathological examing performed?	nation	ii yes, resuits:							Infection		Retaine	ed Products		
☐ Yes ■	No								Other (Spec	cify)				
								Did thi ☐ Ye			ncy result	t in a maternal death?		
							ļ		5 <u>-</u> IV	0				
Procedure that Terminated Pregnancy Additional 1														
Procedure that Terminated Pregnancy  ☐ Medical (Nonsurgical) Mifepristone  ☐ Medical (Nonsurgical) M										•				
☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) l	Misoprosto	l				
☐ Medical (Nons									Other (Spec	rify)				
		rocedures, answer the e following items we		estion		For Medical ( Check the bo								
	_	ructions provided to	-					-	_	vided to the	-			
The patient sign									atient agree					
Medical (Surgi		tion Curettage astrual Aspiration							ion Curetta strual Aspi					
Medical (Surgi	ical) Oth	er (Specify)							er (Specify)					
For Medical (Surgio	cal) proce	edures, answer the fo	llowing question	on.		For Medical (	(Surgica	ıl) proce	dures, answ	ver the follow	ving gues	tion.		
Was the fetus viab	le or hav	e a post fertilization				Was the fet	tus viab	le or hav		tilization age				
	No No	answered yes, compl	lete the followi	na auestio	ine		es [	_	newered v	es complete	the follow	wing questions.		
		opportunity to surviv		ng questio	115.	_	-		-	ty to survive?		ving questions.		
□Yes	□No						Yes [		11	,				
		determination that										nt woman had a		
the pregnant woman		procedure to avert d	leath or serious	s impairm	ent to	condition the			procedure	to avert dea	th or seri	ous impairment to		
						F - 5311								
List the name of the	second d	octor present, as requi	ired under IC 14	5_34_2 260	(3)	List the nom	e of the	second	doctor pro	ent as recu	ired under	r IC 16-34-2-3(a)(3)		
N/A	. secona a			, 5- <del>1</del> -2 <b>-</b> 3(d)	(3)	List the Halli		Second		oni, as requi	rea unuel	10-3 <del>1-2-</del> 3(a)(3)		
Date last normal me	_			Physicia	an estimat	e of gestation (i	in weeks		Post fe	ertilization ag		etus (in weeks)		
Have		01/2018	m na- 1 '	240		13					11			
How were the gesta  ULTRASOUND	uionai ag	e and post fertilization	on age determin	iea?										
<u></u>	nont al-t-	nad? 🗆 🗆	FF -	Υ.	337	o wois C	+i.fi'	n al-t	- d0					
Was a waiver of cons Is the patient seeking					Was Abı	a waiver of not		oerced	ou!	☐ Yes Harassed	■ No	rafficked		
Full name of physic			, . , are forte	0.										
DR. CAROL DELL	-	communon												
	-	ning termination (num		t, city, stat	e, and zip	code)								
200 S. MERIDIAN	SI, IND	IANAPOLIS, IN 46	0225											
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year): <b>07</b>	/27/2018	l				_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/30/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219		City or t	town, of pregna	•		l	County of		ry termination			
Patient's age**	Marrie	d	Date of pregn	nancy termi	nation	Educat	tion					
19		Yes No		07/27/201	8			ŀ		ool Diploma	a or GED	)
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	■ Not l	y anic or Latin Hispanic or I		☐ Unknown
Live Births:	N	umber now living	1				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi	inations <b>0</b>		
Dates of termination												
		·				4		5				
Fetus delivered alive  ☐ Yes  ■		If yes, length of ti	me fetus surviv	red:					y preexisting icate the about		nditions o	of the patient that may
Fetus viable?		If viable, medical	reason for term	nination:					Compli	antion(s) of I	Dragnanas	y Termination
☐ Yes ■	No								None			e Perforation
									Hemorrhag			al Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retain	ed Products
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC				Other (Spe	cify)		
											ncy resul	t in a maternal death?
								☐ Y€				
				Type	of Termi	nation Procedur	res					
Procedure that Terminated Pregnancy  Additional P									rminated P	regnancy		
	☐ Medical (Nonsurgical) Mifepristone ☐ Med								Mifepristor Misoprosto			
Medical (Nons									Other (Spec			
For Medical (Nonsu	urgical) n	rocedures answerth	e following au	estion		For Medical (	Nonsur	gical) nr	ocedures a	nswer the fol	llowing a	uestion
Check the box indic				ostion		Check the bo	x indic	ating the	following	items were	complete	
☐ The manufactur☐ The patient sign		uctions provided to	the patient			_			uctions pro atient agree	ovided to the	patient	
Medical (Surgi									tion Curetta			
Medical (Surgi	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	ıstrual Aspi	iration		
☐ Medical (Surgi	cai) Oin	er ( <i>Specify)</i>				Medical	(Surgic	ai) Oine	er (Specify)			
For Medical (Surgio						For Medical (	_					
	le or hav	e a post fertilization	age at least 20	weeks?			tus viab 'es [		ve a post fe	rtilization ag	e at least	20 weeks?
If the previous ques	tion was			ng question	ıs.	_		_	answered y	es, complete	the follo	wing questions.
	the best ☐No	opportunity to surviv	ve?				us giver Yes [		t opportunit	ty to survive	?	
		datarmination that	the present	woman 1	ad a			_	1	ء بور در		
	iired the	determination that procedure to avert of					nat requ	ired the				ant woman had a ious impairment to
List the name of the <b>N/A</b>	second d	octor present, as requi	red under IC 16	5-34-2-3(a)(	3)	List the name	e of the	second	doctor pres	sent, as requ	ired unde	er IC 16-34-2-3(a)(3)
Date last normal me	_			Physician	n estimat	e of gestation (i	n week:	5)	Post fe	ertilization ag		fetus (in weeks)
How were the gesta		04/2018  e and post fertilization	n age determin	led?		10					8	
ULTRASOUND EX	_	-	_									
Was a waiver of cons	sent obtain	ned?	■ N	No	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No	0
Is the patient seeking	an aborti	on as a result of being	any of the follo	owing?	☐ Abı	ised		Coerced		Harassed		rafficked
Full name of physic DR. JEFFREY D. (												
Address of physicia			mber and stree	t, city, state	e, and zip	code)						
1201 N ARLINGTO	-	-										
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/30/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address THE WOMEN'S MED CENTER OF IN INDIANAPOLIS, IN, 46219	City or	town, of pregna			County of pregnancy termination MARION				
Patient's age** Marrie	ed Yes No	Date of pregnancy <b>07/2</b>	termination 7/2018	Educa	tion	Asso	ociate Degree		
Race American Indian or Alas Native Hawaiian or Othe			Black or Afric Other	an American	Unl		y anic or Latino Hispanic or Latino		
Live Birtins:		2					0		
Other Terminations.	umber of spontaneon	0			Numbe	er of induced termi	nations 1		
Dates of terminations (Do no.	ot include this termin	ation. If more than s	six (6), those m	ost recent.)		5	6		
Fetus delivered alive?  Yes No	If yes, length of ti	me fetus survived:		*		List any preexistin complicate the abo	g medical conditions of the patient that may ortion		
Fetus viable? ☐ Yes ■ No	If viable, medical	reason for terminati	on:			■ None	cation(s) of Pregnancy Termination  Uterine Perforation  Cervical Laceration		
Pathological examination performed?  Yes No	If yes, results:					☐ Hemorrhag ☐ Infection ☐ Other (Spec	Retained Products		
						Did this termination  Yes N	on of pregnancy result in a maternal death?		
			Type of Termi	nation Procedu	res				
Procedure that Terminated P	•				that Terminated P	• •			
■ Medical (Nonsurgical) ■ Medical (Nonsurgical) □ Medical (Nonsurgical)	Misoprostol		☐ Medical	<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>					
For Medical (Nonsurgical) procheck the box indicating the The manufacturer's instruction of the The patient signed the part Medical (Surgical) Sucon Medical (Surgical) Medical (Surgical) Oth	e following items we ructions provided to tient agreement tion Curettage nstrual Aspiration	ere completed	Check the bo The man The patie Medical Medical						
For Medical (Surgical) proce  Was the fetus viable or have  Yes No	e a post fertilization	age at least 20 week		Was the fet  ☐ Y	Iedical (Surgical) procedures, answer the following question.  s the fetus viable or have a post fertilization age at least 20 weeks?  ☐ Yes ☐ No				
If the previous question was Was the fetus given the best  ☐ Yes ☐ No			uestions.	Was the fett	-	the best opportunit	es, complete the following questions.  Ty to survive?		
What was the basis for condition that required the the pregnant woman?					hat requi	ired the procedure	tion that the pregnant woman had a to avert death or serious impairment to		
List the name of the second d	octor present, as requ	ired under IC 16-34-2	2-3(a)(3)	List the nam	e of the	second doctor pres	sent, as required under IC 16-34-2-3(a)(3)		
Date last normal menses began  UNKNOWN  Physician estimate of ges						Post fe	ertilization age of the fetus (in weeks) 7		
How were the gestational age	-	on age determined?							
Was a waiver of consent obtain	100			a waiver of not			Yes No		
Is the patient seeking an abortion Full name of physician perfo		any of the following	g?	ised	☐ Co	oerced	Harassed Trafficked		
DR. JEFFREY D. GLAZER	2								
Address of physician perform  1201 N ARLINGTON AVE	-		y, state, and zip	code)					
**Date Reported to DCS									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/30/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219  Patient's age**  Married  Date of pregnan-					City or to	wn, of pregna	ancy teri			County of I	oregnancy termination  MARION	
Patient's age** 23		ed Yes No		ncy termin 7/27/2018		Educa	ition		Asso	ociate Degr	ee	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	Black Other	or Africar	n American		ıknown ber now de	Not I	nnic or Latino Hispanic or L		
Live Births:		umber now living	2							0		
Other Termination	15.	umber of spontaneou	0				Numb	per of indu	ced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more tha	an six (6), i	those mos	t recent.)		e			4	
Fetus delivered alive		If yes, length of ti		d:				-	preexistin te the abo	_	aditions of the patient that may	
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for termin	nation:					one		regnancy Termination  Uterine Perforation	
Pathological examir performed?		If yes, results:						_ In	emorrhag fection ther (Spec		Cervical Laceration Retained Products	
								Did this Yes	terminatio		ncy result in a maternal death?	
Type of Termin						tion Procedu	res	_				
Procedure that Terminated Pregnancy Addition								e that Tern				
■ Medical (Nonsurgical) Mifepristone							Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)					
For Medical (Nonsurgical) procedures, answer the following question						Medical (Surgical) Suction Curettage						
	le or hav	edures, answer the fo	• 1			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
If the previous ques	the best	answered yes, comp opportunity to survi-	-	g questions	S.	Was the fet	ıs questi	n the best o		es, complete y to survive?	the following questions.	
	ired the	determination that procedure to avert of					hat requ	ired the p			e pregnant woman had a th or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16-3	34-2-3(a)(3	3)	List the nam	ne of the	e second do	octor pres	ent, as requi	red under IC 16-34-2-3(a)(3)	
Date last normal me	_	an KNOWN		Physician	estimate (	of gestation (	in weeks	s)	Post fe	rtilization ag	e of the fetus (in weeks)  6	
How were the gestar  ULTRASOUND EX	_	-	on age determined	d?								
Was a waiver of cons					Was a	waiver of no	tificatio	n obtained	!?	Yes	■ No	
Is the patient seeking			any of the follow	ving?	Abuse	ed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. JEFFREY D. O	-	-										
Address of physicia			mber and street,	city, state,	and zip c	ode)						
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219									
**Date Reported	to DCS	, if Patient under	16 (month, day, y	vear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/30/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219		INDIANAPOLIS  cy termination Education						y termination RION				
Patient's age**	Marrie	d	Date of pregn	nancy termi	nation	Educat	tion					
29		Yes No	(	07/27/201	8			ŀ		ol Diploma	or GED	)
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Black ■ Other		an American		ıknown	Not 1	y anic or Latin Hispanic or L		Unknown
Live Births:	N	umber now living	2				Numb	per now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	per of inc	luced termi	nations <b>0</b>		
Dates of termination												
		·				4		5			6	
Fetus delivered aliv  ☐ Yes  ■		If yes, length of ti	me fetus surviv	red:					y preexisting preaction of the pre-	-	nditions o	f the patient that may
Fetus viable?		If viable, medical	reason for term	nination:					Compli	nation(s) of E	Prognanas	Termination
☐ Yes ■	No								None	`		e Perforation
									Hemorrhag			al Laceration
Pathological examin performed?	nation	If yes, results:							Infection		Retain	ed Products
I *	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC				Other (Spe	cify)		
											ncy result	t in a maternal death?
								☐ Ye	es 🔳 N	0		
				Type	of Termi	ination Procedures						
Procedure that Term	Additional Pr				•							
☐ Medical (Nons ☐ Medical (Nons									Mifepristor Misoprosto			
Medical (Nons									Other (Spec			
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage												
	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi er (Specify)	ration		
i wiedieai (Buigi	car) Our	a (specify)				Wiedlear	(Burgie	ai) Oiii	л (Бресцу)			
		dures, answer the fo					_	le or hav		ver the follow		
If the previous ques	tion was			ng question	ıs.	_	_		answered y	es, complete	the follow	wing questions.
	n the best ☐No	opportunity to survi	ve?				us giver Yes [		t opportunit	y to survive?	•	
	aired the	determination that procedure to avert of					nat requ	iired the				ant woman had a ious impairment to
List the name of the <b>N/A</b>	List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  N/A  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)									r IC 16-34-2-3(a)(3)		
Date last normal me	-	an 28/2018		Physician	n estimate	e of gestation (i	n weeks	s)	Post fe	rtilization ag	ge of the f	fetus (in weeks)
How were the gesta	tional age	e and post fertilization	_	led?								
Was a waiver of cons	sent obtain	ned?	. I N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	)
Is the patient seeking	an aborti	on as a result of being	any of the follo	owing?	☐ Abu	ised		Coerced		Harassed		rafficked
Full name of physic DR. JEFFREY D. (												
Address of physicia	n perforn	ning termination (nu		t, city, state	e, and zip	code)						
1201 N ARLINGTO	ON AVE	INDIANAPOLIS,	IN 46219									
**Date Reported	to DCS	, if Patient under	6 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/30/2018

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- Withined				City or	town, of pregna	ncy terr		County of pregnancy termination MARION				
Patient's age** 20		ed Yes No	Date of pregnancy term 07/27/20		Educa	tion	High Sc	hool Diploma or GED				
	n or Othe		☐ Asian ☐ Bla ☐ White ■ Oth		an American	Uni	Ethnic  Hi known No	ispanic or Latino of Hispanic or Latino  Unknown				
Live Births:	N	fumber of spontaneou	0 us terminations			Numb	er of induced ter	minations 0				
Other Termination	15.		0	6) these m	204 402 244 )	Tvuillo	er or madeca ter	0				
1	15 ( <i>Do no</i>	n inciuae inis termin 2	ation. If more than six (	0), inose m	4		5	6				
Fetus delivered alive		If yes, length of ti	me fetus survived:				List any preexist complicate the	sting medical conditions of the patient that may abortion				
Fetus viable?  Yes	No	If viable, medical	reason for termination:				None None	plication(s) of Pregnancy Termination  Uterine Perforation				
Pathological examir	nation	If yes, results:					☐ Hemorrh	_				
performed?  • Yes	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC			Other (S	<b>_</b>				
								ation of pregnancy result in a maternal death? No				
	Type of **  Procedure that Terminated Pregnancy											
Procedure that Terminated Pregnancy Addit							Additional Procedure that Terminated Pregnancy					
☐ Medical (Nonsurgical) Mifepristone       ☐ M         ☐ Medical (Nonsurgical) Misoprostol       ☐ M							Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)					
		(57				interior (Normal groun) Carol (Specify)						
Check the box indic	cating the	rocedures, answer the following items we ructions provided to	ere completed		Check the bo	x indica	ating the followi	s, answer the following question ng items were completed provided to the patient				
☐ The patient sign	ed the pa	tient agreement					ed the patient ag					
Medical (Surgi	cal) Mei	nstrual Aspiration			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	cal) proce	edures, answer the fo	llowing question		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab			age at least 20 weeks?			tus viab		fertilization age at least 20 weeks?				
	the best	answered yes, comp opportunity to surviv	lete the following questive?	ions.	Was the fet	-	the best opportu	d yes, complete the following questions.  unity to survive?				
	ired the		the pregnant woman death or serious impairr			hat requ	ired the procedu	nation that the pregnant woman had a are to avert death or serious impairment to				
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16-34-2-3(	a)(3)	List the nam	e of the	second doctor p	present, as required under IC 16-34-2-3(a)(3)				
Date last normal me	_	an KNOWN	Physic	ian estimat	e of gestation (a	in weeks	Pos Pos	t fertilization age of the fetus (in weeks) 7				
How were the gesta: ULTRASOUND EX	_	e and post fertilization	-				l					
Was a waiver of cons				Was	a waiver of not	tification	n obtained?	☐ Yes ■ No				
Is the patient seeking	an aborti	on as a result of being	any of the following?	☐ Abı	used	C	oerced	☐ Harassed ☐ Trafficked				
Full name of physic DR. JEFFREY D. C	_											
	n perform	ning termination (nu	mber and street, city, sta	ate, and zip	code)							
**Date Reported	to DCS	, if Patient under	6 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or t	town, of pregna	•			County of	pregnancy MAR	termination
Patient's age**	Marrie	d	Date of pregn	nancy termi	nation	Educa	tion					
19		Yes No	(	07/27/201	8			ŀ		ool Diploma	or GED	
Race American India Native Hawaiia	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Black □ Other		an American		ıknown	■ Not l	y anic or Latin Hispanic or I		Unknown
Live Births:	N	umber now living	0						deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations 0				Numb	per of inc	luced termi	inations <b>0</b>		
Dates of termination												
		·				4		5			6	the patient that may
Fetus delivered aliv  ☐ Yes  ■		If yes, length of ti	me fetus surviv	red:					y preexisting cate the abo		nditions of	the patient that may
Fetus viable?		If viable, medical	reason for term	nination:					Compli	cation(s) of I	Dragnanov '	Termination
☐ Yes ■	No								None		_	Perforation
									Hemorrhag			l Laceration
Pathological examination performed?	nation	If yes, results:							Infection		] Retained	d Products
I *	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC				Other (Spe	cify)		
								Did thi			ncy result	in a maternal death?
								Y 6	es 🔳 N	0		
D 1				Type	of Termi	nation Procedu		4 :				
Procedure that Tern  Medical (Nons						Additional Pr			rminated Pi Mifepriston			
☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	Nonsu(	rgical) l	Misoprosto	l		
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	cify)		
For Medical (Nonsu Check the box indic				estion		For Medical ( Check the bo						
☐ The manufactur	rer's instr	uctions provided to	_			☐ The man	ufactur	er's instr	uctions pro	vided to the	-	
The patient sign									atient agree			
	ical) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	ion Curetta strual Aspi	ration		
Medical (Surgi	ical) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)			
For Medical (Surgio	cal) proce	dures, answer the fo	llowing questic	on.		For Medical (	Surgica	al) proce	dures, ansv	ver the follow	ving questi	ion.
	le or hav	e a post fertilization	age at least 20	weeks?			tus viab es [		e a post fe	rtilization ag	e at least 2	0 weeks?
If the previous ques	_	answered yes, comp	lete the following	ng question	ıs.		_		answered y	es, complete	the follow	ring questions.
	n the best ☐ No	opportunity to surviv	ve?						t opportuni	ty to survive	?	
	_						Yes L	_				
		determination that procedure to avert of										nt woman had a bus impairment to
the pregnant woman						the pregnan			- " "			
	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(	3)	List the nam	e of the	second	doctor pres	sent, as requi	ired under	IC 16-34-2-3(a)(3)
N/A Date last normal me	ancock-	an		Dhr.:-:-	n anti	e of gestation (i	n	e)	Doct f	artilizatio	re of the f	tus (in wasta)
Date last normal me	_	an <b>15/2018</b>		rnysiciai	ıı estimat	e of gestation ( <i>i</i>	n week.	s <i>)</i>	rost fe	aumzation ag	ge of the fe	etus (in weeks)
How were the gesta	_	-	-	ied?					ı			
ULTRASOUND EX	XAMINA	TION, PELVIC EX	AMINATION									
Was a waiver of cons						a waiver of not			ed?	Yes	■ No	07.1
Is the patient seeking			any of the follo	owing'?	☐ Abu	ısed		Coerced		Harassed	∐ Tra	afficked
Full name of physic DR. JEFFREY D. (												
Address of physicia	ın perforn	ning termination (nu		t, city, state	e, and zip	code)						
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219									
**Date Reported	to DCS	, if Patient under	6 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16:34-2

DATE RECEIVED BY ISDH (month, day, year): 07/30/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219		DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or t	town, of pregna	•			County of		cy termination ARION
Patient's age**	Marrie	d	Date of pregn	ancy termi	nation	Educa	tion			•		
36		Yes No		07/27/201						ollege, No	Degree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Black		an American		ıknown	■ Not I	y anic or Latin Hispanic or I		☐ Unknown
Live Births:	N	umber now living	2				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	per of inc	luced termi	nations <b>1</b>		
Dates of termination 2013		t include this termin						5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		onditions	of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				•	Compli		_	cy Termination ne Perforation
Pathological examin performed?	nation No	If yes, results: CHORIONIC VIL	.LAE, GESTA	TIONAL S	SAC				Hemorrhag Infection Other (Spec		-	cal Laceration ned Products
								Did thi ☐ Ye			incy resu	It in a maternal death?
				Type	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy				Additional Pr		e that Te	rminated P	regnancy		
☐ Medical (Nons ☐ Medical (Nons ☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) l	Mifepriston Misoprosto Other (Spec	l		
The patient sign  Medical (Surgi	rer's instrued the partical) Sucional) Mer	e following items we uctions provided to tient agreement tion Curettage astrual Aspiration		☐ The patie ☐ Medical ☐ Medical	x indicuration ufacture ent sign (Surgice (Surgice (Surgice (Surgice ent))	ating the er's instrued the partial) Suctual) Men	following	items were evided to the ment ge ration	complete			
☐ Yes  If the previous ques  Was the fetus given	le or have No tion was	e a post fertilization	age at least 20 v	weeks?	15.	☐ Y If the previou Was the fett	tus viab es [ s quest	le or have No ion was a	re a post fer	rtilization ag	the follo	
	aired the	determination that procedure to avert of					nat requ	iired the				ant woman had a rious impairment to
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(	3)	List the name	e of the	second	doctor pres	sent, as requ	ired und	er IC 16-34-2-3(a)(3)
Date last normal me	-	an KNOWN		Physician	n estimate	e of gestation (i	n week:	s)	Post fe	ertilization ag	ge of the	fetus (in weeks)
How were the gesta ULTRASOUND EX	_	-	-	ed?								
Was a waiver of cons	sent obtain	ned?	s 🔳 N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ N	lo
Is the patient seeking	an aborti	on as a result of being	any of the follo	owing?	Abu	ised		Coerced		Harassed		Trafficked
Full name of physic DR. JEFFREY D. (	GLAZER	1										
Address of physicia 1201 N ARLINGTO	-	-		t, city, state	e, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):								

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or t	town, of pregna	•			County of		cy termination
Patient's age**	Marrie	·d	Date of pregn	ancy termi	nation	Educa	tion					
31		Yes No	(	07/27/201	8					ociate Deg	ree	
Race American India Native Hawaiiai	n or Othe	r Pacific Islander	Asian White	■ Black		an American		known	Not I	y anic or Latin Hispanic or I		☐ Unknown
Live Births:	N	umber now living	3					er now o		0		
Other Termination	ns: N	umber of spontaneou	us terminations 1				Numb	per of inc	luced termi	nations <b>2</b>		
Dates of termination 1. 2016		ot include this termin	ation. If more to		, those m	ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		onditions	of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				•	Complic	_	_	ry Termination ne Perforation
Pathological examin performed?		If yes, results:  CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC				Hemorrhag Infection Other (Spec		_	cal Laceration ned Products
								Did thi			incy resu	lt in a maternal death
				Туре	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy		**		Additional Pr		e that Te	rminated Pr	regnancy		
☐ Medical (Nons ☐ Medical (Nons ☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) l	Mifepriston Misoprostol Other (Spec	l		
For Medical (Nonsu Check the box indice The manufacture The patient sign Medical (Surgi Medical (Surgi Medical (Surgi		☐ The patie	x indicuration ufacture ent sign (Surgice (Surgice (Surgice (Surgice ent))	ating the er's instrued the parally Suctual) Men	following	items were evided to the ment ge ration	complete					
☐ Yes If the previous ques Was the fetus giver ☐ Yes	le or have No tion was the best	e a post fertilization answered yes, comp opportunity to survi	age at least 20 volete the following:	weeks?		☐ Y If the previou Was the fett	tus viab es [ s quest: us giver Yes [	le or have No ion was a the best No	re a post fer answered year	rtilization ag es, complete ty to survive	the follo	20 weeks?
	aired the	determination that procedure to avert of					nat requ	ired the				ant woman had a rious impairment to
List the name of the <b>N/A</b>	second de	octor present, as requ	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requ	ired und	er IC 16-34-2-3(a)(3
Date last normal me	05/	29/2018		-	n estimat	e of gestation (i	n week:	s)	Post fe	ertilization aş	ge of the	fetus (in weeks)
How were the gesta	_	-	_	ed?								
Was a waiver of cons	sent obtain	ned?	s 🔳 N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ N	ĺo.
Is the patient seeking			any of the follo	owing?	☐ Abı	ısed		Coerced		Harassed		Trafficked
Full name of physic DR. JEFFREY D. (	GLAZER	1										
Address of physicia 1201 N ARLINGTO	-	-		t, city, state	e, and zip	code)						
**Date Reported	to DCS	, if Patient under	6 (month, day,	, year):								

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or to	own, of pregn	ancy ter			County of p	oregnancy termination  MARION
Patient's age** 24	Marrie	ed Yes • No	Date of pregnan	ncy termin		Educ	ation	н	igh Scho	ool Diploma	or GED
	n or Othe	ka Native er Pacific Islander fumber now living	Asian White	☐ Black ☐ Other	or Africa	n American		iknown oer now d	■ Not l	y anic or Latino Hispanic or L	
Live Births:	N	umber of spontaneou	1 s terminations						uced termi	nations	
Other Termination	15.	ot include this termin	0	ın sir (6)	those me	et recent )	rum	or or ma		4	
2017		2016	3. <b>2015</b>	m six (0),		2014		5			6
Fetus delivered alive		If yes, length of ti	me fetus survived	l:				-	preexisting preexi	-	ditions of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for termin	ation:					None		regnancy Termination Uterine Perforation
Pathological examin	nation	If yes, results:							Hemorrhag nfection	ge 📙	Cervical Laceration Retained Products
performed?  Yes	No	CHORIONIC VIL	LAE, GESTATI	ONAL S	AC				Other (Spec	_	returned Froducts
								Did this			ncy result in a maternal death?
		I		Type	of Tarmin	ation Procedu	ırac				
Procedure that Term	ninated P	regnancy	1 ype 0	). 1 (HIIII	Additional F		e that Ter	minated P	regnancy		
Medical (Nonso	urgical) urgical)	Mifepristone Misoprostol				☐ Medica	l (Nonsu l (Nonsu	ırgical) N ırgical) N	Mifepriston Misoprosto Other (Spec	ie I	
For Medical (Nonsu Check the box indic    The manufactur   The patient sign   Medical (Surgi   Medical (Surgi   Medical (Surgi	ion		Check the b  The man  The pat  Medica  Medica	ox indic nufactur ient sign l (Surgic l (Surgic	ating the er's instru- ned the pa- cal) Sucti- cal) Mens	following	items were covided to the perment age ration	_			
		edures, answer the fo				Was the fe	etus viab				ring question. e at least 20 weeks?
If the previous quest	tion was the best	answered yes, comp opportunity to survi-	_	questions	S.	If the previo	us quest	ion was a n the best	-	es, complete ty to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	aired the			e pregnant woman had a h or serious impairment to
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16-3	4-2-3(a)(3	3)	List the nan	ne of the	e second o	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an KNOWN	]	Physician	estimate	of gestation (	in week.	s)	Post fe	ertilization ag	e of the fetus (in weeks) 4
How were the gestar ULTRASOUND EX	_	-	_	1?							
Was a waiver of cons					Was a	waiver of no	tificatio	n obtaine	ed?	☐ Yes	■ No
Is the patient seeking			any of the follow	ing?	Abu	sed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. JEFFREY D. C	_	-									
Address of physician	-	-		city, state,	, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day, y	ear):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/30/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or t	town, of pregna	•			County of		cy termination ARION
Patient's age**	Marrie	d	Date of pregn	nancy termi	nation	Educa	tion					
34		Yes No	(	07/27/201	8					ciate Degr	ree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	Not I	7 anic or Latin Hispanic or I		Unknown
Live Births:	N	umber now living	3				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations 0				Numb	er of ind	uced termi	nations <b>0</b>		
Dates of termination			•									
		·				4		5				
Fetus delivered aliv  ☐ Yes  ■		If yes, length of ti	me fetus surviv	red:					y preexisting cate the abo	-	nditions (	of the patient that may
Fetus viable?		If viable, medical	reason for term	nination:				-	Complia	nation(s) of I	Prognana	y Termination
☐ Yes ■	No								None	· · · · ·	_ ~	ne Perforation
									Hemorrhag			cal Laceration
Pathological examin performed?	nation	If yes, results:							Infection		] Retair	ned Products
I *	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC				Other (Spec	cify)		
											ncy resu	lt in a maternal death?
								☐ Ye	s 🔳 No	0		
				Type	of Termi	nation Procedur	res					
Procedure that Term						Additional Pr				•		
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprostol			
Medical (Nons									Other (Spec			
For Medical (Nonsu Check the box indic The manufactur The patient sign	cating the rer's instr ned the par	e following items we uctions provided to tient agreement	ere completed	estion		☐ The patie	x indica ufacture ent sign	ating the er's instr and the pa	following	items were ovided to the ment	complete	
	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi er ( <i>Specify</i> )			
	, , ,	(~F 3,7)					(~	,	- ( <i>-</i>			
For Medical (Surgio	cal) proce	dures, answer the fo	llowing questic	on.		For Medical (	Surgica	al) proce	dures, answ	er the follow	ving que	stion
Was the fetus viab		e a post fertilization				Was the fet		le or hav		tilization ag		
If the previous ques	_	answered yes, comp	lete the following	ng question	1S.		_	_	inswered ye	es, complete	the follo	owing questions.
	n the best □No	opportunity to surviv	ve?				us given Yes [		opportunit	y to survive	?	
	aired the	determination that procedure to avert of					nat requ	ired the				ant woman had a rious impairment to
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(	3)	List the nam	e of the	second	doctor pres	sent, as requi	ired unde	er IC 16-34-2-3(a)(3)
Date last normal me	-	an KNOWN		Physician	n estimate	e of gestation (i	n weeks	s)	Post fe	rtilization ag	ge of the	fetus (in weeks)
How were the gesta	_	-	_	ied?					ı			
Was a waiver of cons		•		No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ N	0
Is the patient seeking					Abu			oerced		Harassed		Frafficked
Full name of physic DR. JEFFREY D. (							_					
Address of physicia			mber and stree	t, city, state	e, and zip	code)						
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219									
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/30/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or t	own, of pregna	•			County of p	oregnancy termination MARION	
Patient's age**	Marrie	d	Date of pregna	ancy termir	nation	Educat	tion					
16	_	Yes No	C	07/27/2018	В					th, No Diplo	oma	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Black ■ Other		an American		known	☐ Not I	y anic or Latino Hispanic or L		vn
Live Births:	N	umber now living	0					er now o		0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	han six (6),	those me	ost recent.)						
1	2	·				4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					y preexistin cate the abo	-	ditions of the patient that	t may
Fetus viable?		If viable, medical	reason for term	ination:					C 1		T	
☐ Yes ■	No								_	_	regnancy Termination	
									None Hemorrhag	_	Uterine Perforation Cervical Laceration	
Pathological examir	nation	If yes, results:							Infection	,,	Retained Products	
performed? ☐ Yes ■	No							_	Other (Spec	cify)		
	110											
								D:44.	a tormi	on of me	ncy result in a maternal of	donth?
											icy result in a maternal of	aeatn?
				Type	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy		1 ypc (	,, 10111111	Additional Pr		that Te	minated P	regnancy		
Medical (Nons)									Mifepriston			
Medical (Nons	urgical)			☐ Medical	(Nonsu	rgical) N	Misoprosto	l				
Medical (Nons	urgical)	Other (Specify)			☐ Medical	(Nonsu	rgical) (	Other (Spec	etfy)			
■ The patient sign	cating the rer's instr led the par	e following items we uctions provided to tient agreement	ere completed	estion		Check the bo	x indica ufacture	ating the er's instr	following	items were covided to the	-	
Medical (Surgi		tion Curettage estrual Aspiration							ion Curetta strual Aspi			
Medical (Surgi									r (Specify)			
E M-di1/Ci	-1)	J 41 - 6-	11			F 16 E 16	/G :	1)	1	4 6 11	<del> </del>	
For Medical (Surgic		aures, answer the 10 e a post fertilization	- 1			For Medical (					ang question. at least 20 weeks?	
	□ No	e a post retifization	age at least 20 v	WCCKS:		Was the let		No	e a post ici	rtilization age	at least 20 weeks:	
If the previous ques				ng question	S.	•	-				the following questions.	
	n the best ☐No	opportunity to surviv	ve?				us given Yes [		opportunit	ty to survive?		
What was the ba	sis for a	determination that procedure to avert of				What was condition th	the ba	sis for ired the			e pregnant woman ha h or serious impairmen	
FSimila Wolfield						the pregnant	. wonidi					
List the name of the	second de	octor present, as requ	ired under IC 16	-34-2-3(a)(3	3)	List the name	e of the	second			red under IC 16-34-2-3(	
Date last normal me	_	an 15/2018		Physician	estimate	e of gestation (i	n weeks	- <u></u>	Post fe	ertilization ag	e of the fetus (in weeks)	
How were the gesta			on age determine	ed?		9					'	
ULTRASOUND EX	_	-										
Was a waiver of cons	sent obtain	ned?	s • N	Io.	Was	a waiver of not	ification	n obtain	ed?	☐ Yes	■ No	
Is the patient seeking					Abu			oerced		Harassed	☐ Trafficked	
Full name of physic	ian perfo	rming termination		· · · · · · · · · · · · · · · · · · ·	-							
DR. JEFFREY D. C			mber and street	, city, state.	, and zip	code)						
1201 N ARLINGTO	-	=		,		,						
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/30/2018

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF INI	DIANAPOLIS - 1201 N A	RLINGTON AVE,		City or t	own, of pregna	•			County of p	regnancy termin	ation
Patient's age**	Marrie	d	Date of pregna	ncy termin	nation	Educa	tion			•		
18		Yes No	0.	7/27/2018	3			Н		ol Diploma	or GED	
Race American Indiar Native Hawaiiar	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black ☐ Other	or Africa	an American	☐ Un	ıknown		y anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	0				Numb	ber now d	eceased	0		
Other Termination	ns: Ni	umber of spontaneo	us terminations 0				Numb	ber of indu	iced termi	nations 0		
Dates of termination	ns (Do no	t include this termir	nation. If more the	an six (6),	those mo	ost recent.)		5			6	
Fetus delivered alive		If yes, length of the	me fetus survive	ed:					preexisting preexi		ditions of the pati	ient that may
Fetus viable?  Yes	No	If viable, medical	reason for termin	nation:					None		regnancy Termin Uterine Perfora	ation
Pathological examin performed?		If yes, results:						☐ I	Hemorrhag nfection Other (Spec		Cervical Lacer Retained Produ	
								Did this			cy result in a ma	nternal death?
				Туре	of Termin	nation Procedu	res					
Procedure that Term		-				Additional Pr						
Medical (Nonsi     Medical (Nonsi     Medical (Nonsi	Misoprostol		☐ Medical	(Nonsu	irgical) M	lifepriston lisoprosto other (Spec	l					
For Medical (Nonsu Check the box indice The manufacture The patient sign Medical (Surgion M		Check the bo	ox indicurate ufacturent sign (Surgicus)	eating the rer's instru- ned the pareal) Suctional) Mens	following ctions pro tient agree	items were covided to the perment age	-					
For Medical (Surgic		dures, answer the fo				For Medical Was the fe					ing question. at least 20 week	:s?
☐ Yes ☐ If the previous quest Was the fetus given ☐ Yes ☐	tion was			g questions	S.	If the previous Was the fet	es [ s quest	No ion was and the best	nswered y		he following que	
What was the ba condition that requ the pregnant woman	ired the						nat requ	uired the p			pregnant won h or serious imp	
List the name of the	second do	octor present, as requ	ired under IC 16-2	34-2-3(a)(3	3)	List the nam	e of the	e second d	loctor pres	sent, as requi	ed under IC 16-	34-2-3(a)(3)
Date last normal me	UNI	KNOWN		_	estimate	e of gestation (i	n week.	s)	Post fe	ertilization ag	e of the fetus (in	weeks)
How were the gestat  ULTRASOUND EX	-	=	on age determine	ed?								
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	d?	☐ Yes	■ No	
Is the patient seeking			g any of the follow	wing?	Abu	sed		Coerced		Harassed	Trafficked	l
Full name of physics DR. JEFFREY D. G	_											
Address of physician 1201 N ARLINGTO	-	-		city, state,	, and zip	code)						
**Date Reported	to DCS	if Patient under	16 (month day)	vear).								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or t	town, of pregna	•			County of		cy termination
Patient's age**	Marrie	d	Date of pregn	ancy termi	nation	Educa	tion					
35		Yes No	(	07/27/201	8					ociate Degi	ree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	■ Not I	y anic or Latin Hispanic or I		Unknown
Live Births:	N	umber now living	2				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations <b>1</b>		
Dates of termination  1. 2001	,	t include this termin	· ·			*		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		onditions	of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				•	Complic		_	ry Termination ne Perforation
Pathological examin performed?  • Yes	nation No	If yes, results: CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC				Hemorrhag Infection Other (Spec		-	cal Laceration ned Products
								Did thi ☐ Ye			ıncy resu	lt in a maternal death
				Туре	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	e that Te	rminated Pi	regnancy		
☐ Medical (Nons ☐ Medical (Nons ☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	Nonsu(	rgical) l	Mifepriston Misoprostol Other (Spec	l		
The patient sign  Medical (Surgi	rer's instrued the partical) Sucional) Mer	e following items we uctions provided to tient agreement tion Curettage astrual Aspiration		☐ The patie ☐ Medical ☐ Medical	x indicuration ufacture ent sign (Surgice (Surgice (Surgice (Surgice ent))	ating the er's instrued the parally Suctual) Men	following	items were ovided to the ment ge ration	complete			
☐ Yes If the previous ques Was the fetus giver ☐ Yes	le or have No tion was the best	answered yes, compopportunity to surviv	age at least 20 v lete the following ve?	weeks?		☐ Y If the previou Was the fett	tus viab es [ s quest	le or have No ion was a	e a post fer	rtilization ag	the follo	
	aired the	determination that procedure to avert of					nat requ	ired the				ant woman had a rious impairment to
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(	3)	List the nam	e of the	second	doctor pres	sent, as requi	ired und	er IC 16-34-2-3(a)(3)
Date last normal me	06/	02/2018			n estimate	e of gestation (i	n week:	s)	Post fe	ertilization ag	ge of the	fetus (in weeks)
How were the gesta	_	-	-	ed?								
Was a waiver of cons	sent obtain	ned?	s 🔳 N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ N	ĺ0
Is the patient seeking			any of the follo	owing?	Abu	ısed		Coerced		Harassed		Trafficked
Full name of physic DR. JEFFREY D. (	GLAZER	1										
Address of physicia 1201 N ARLINGTO	-	-		t, city, state	e, and zip	code)						
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,	City or	town, of p	-	cy termin	nation	County	of pregnancy termination  MARION
Patient's age** 40	Marrie [	ed ■ Yes □ No	Date of pregnanc	y termination 27/2018		Educati	on	В	achelor's De	egree
Race American Indian Native Hawaiian	n or Othe			Black or Afri Other	can Ameri		Unkno		lispanic or Lat lot Hispanic o	
Live Births:	N	umber of spontaneou	2					of induced te	0	
Other Termination	15.		0	. (6) 1			i vuiii oci v	or madeca te	1	
1. <b>2012</b>	18 ( <i>Do no</i> 2	ot include this termin 	ation. If more than 3.	six (0), those n	nost recent	t.)		5.		6.
Fetus delivered aliv		If yes, length of ti	me fetus survived:					ist any preexi omplicate the	-	conditions of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for terminat	tion:			_	■ None	•	f Pregnancy Termination  Uterine Perforation
Pathological examin performed?		If yes, results:						☐ Hemorr ☐ Infectio ☐ Other (S	n	☐ Cervical Laceration ☐ Retained Products
									nation of preg	nancy result in a maternal death?
				Type of Term	ination Pr	ocedure	es			
Procedure that Term								at Terminate		
Medical (Nons     Medical (Nons     Medical (Nons	urgical)	Misoprostol				edical (1	Nonsurgio	cal) Mifepris cal) Misopro cal) Other (S	stol	
Check the box indice.  The manufacture. The patient sign. Medical (Surgi	cating the rer's instructed the pa cal) Suc cal) Mer	tion Curettage	ere completed	on 	Check  Th  Th  Mo	the box e manuse patient edical (Sedical (S	indicating facturer's at signed Surgical)	ng the follow	ing items wer provided to the greement ettage aspiration	=
Was the fetus viab	le or hav	edures, answer the fo	• .	ks?		the fetu	ıs viable c	or have a pos		lowing question. age at least 20 weeks?
If the previous ques	the best	answered yes, comp opportunity to survi-		questions.	-	he fetus	question	was answere	ed yes, comple unity to surviv	ete the following questions.
	ired the	determination that procedure to avert of			condi	tion tha				the pregnant woman had a leath or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-34-	-2-3(a)(3)	List th	e name	of the sec	cond doctor	present, as rec	quired under IC 16-34-2-3(a)(3)
Date last normal me	06/	10/2018		hysician estima	te of gesta	tion (in	weeks)	Pos	st fertilization	age of the fetus (in weeks) 4
How were the gesta	_	e and post fertilization	on age determined?							
Was a waiver of cons					s a waiver	of notif	fication of	btained?	☐ Yes	■ No
Is the patient seeking			any of the followin	ıg? 🔲 Ab	oused		☐ Coer	rced	Harassec	d Trafficked
Full name of physic DR. JEFFREY D. (	_	-								
Address of physicia	n perforr	ning termination (nu		ty, state, and zi	p code)					
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219							
**Date Reported	to DCS	, if Patient under	16 (month, day, yed	ar):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or t	town, of pregna	•			County of	pregnancy termination  MARION	n
Patient's age**	Marrie	d	Date of pregn	nancy termin	nation	Educat	tion					
25		Yes No	(	07/27/2018	8			H		ol Diploma	or GED	
Race American Indiar Native Hawaiiar	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Black □ Other		an American		known	■ Not I	y anic or Latin Hispanic or L		nown
Live Births:	N	umber now living	2					er now o		0		
Other Termination	ns:	umber of spontaneou	us terminations 1				Numb	per of ind	uced termi	nations <b>0</b>		
Dates of termination		t include this termin	•					5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo	-	nditions of the patient	that may
Fetus viable?  Yes	No	If viable, medical	reason for term	nination:					Compli	cation(s) of P	regnancy Termination	on .
									None		Uterine Perforation	
Pathological examin	nation	If yes, results:						_	Hemorrhag			
performed?		CHORIONIC VIL	LAE GESTA	TIONAL S	242				Infection Other ( <i>Spec</i>	cify)	Retained Floducts	
■ Yes □	NO	OHORIONIO VIE	LAL, OLUTA	TIONAL	)AO				(~ <i>I</i>	-957		
								Did thi	s terminatio	on of pregna	ncy result in a materr	nal death?
								☐ Ye			noy result in a materi	- Countries
				Туре	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	e that Ter	minated Pr	regnancy		
☐ Medical (Nonsu ☐ Medical (Nonsu									Mifepriston Misoprostol			
Medical (Nonst									Other (Spec			
For Medical (Nonsu Check the box indic  The manufactur  The patient sign  Medical (Surgic	cating the rer's instr led the par	e following items we uctions provided to tient agreement	estion		Check the bo	x indicurate ufacturent sign	ating the er's instr ned the pa	following	items were devided to the ment	-		
Medical (Surgion Medica		nstrual Aspiration er (Specify)							strual Aspi er ( <i>Specify)</i>			
☐ Yes [	le or have	e a post fertilization	age at least 20	weeks?		☐ Y	tus viab es [	le or hav	e a post fer	rtilization age	e at least 20 weeks?	
		answered yes, comp opportunity to survi		ng question	IS.	Was the fett	-	the best	-	es, complete by to survive?	the following question	ons.
	ired the	determination that procedure to avert of					nat requ	ired the			e pregnant woman th or serious impair	
List the name of the <b>N/A</b>	second de	octor present, as requ	ired under IC 16	5-34-2-3(a)(3	3)	List the name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2	2-3(a)(3)
Date last normal me	_	an <b>06/2018</b>		Physician	n estimate	e of gestation (i	n week:	s)	Post fe	ertilization ag	e of the fetus (in wee	ks)
How were the gestat  ULTRASOUND EX	_	-	_	ied?								_
Was a waiver of cons	sent obtain	ned?	3 <b>•</b> N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the follo	owing?	☐ Abu	ised		Coerced		Harassed	☐ Trafficked	
Full name of physical DR. JEFFREY D. G												
Address of physician	-	-		t, city, state	, and zip	code)						
v. it Allelito IC	A V E.	,										
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/30/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AR	RLINGTON AVE,		City or t	town, of pregna				County of		cy termination
Patient's age**	Marrie	d	Date of pregn	ancy termin	nation	Educat	tion					
30		Yes No	(	07/27/2018	8					th, No Dipl	loma	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Black ■ Other		an American		known	Not I	y anic or Latin Hispanic or I		Unknown
Live Births:	N	umber now living	3						leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations 1				Numb	er of inc	luced termi	nations <b>1</b>		
Dates of termination 1. 2016		t include this termin				ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo	-	onditions	of the patient that may
Fetus viable?  Yes  Yes	No	If viable, medical	reason for term	ination:				•	Complic		_	by Termination ne Perforation
Pathological examin performed?	nation No	If yes, results:  CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC				Hemorrhag Infection Other (Spec		-	cal Laceration ned Products
								Did thi			incy resu	lt in a maternal death
				Туре	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated P	regnancy		
☐ Medical (Nons ☐ Medical (Nons ☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	Nonsu(	rgical) l	Mifepriston Misoprosto Other (Spec	l		
The patient sign  Medical (Surgi	rer's instrued the partical) Sucional) Mer	e following items we uctions provided to tient agreement tion Curettage astrual Aspiration		☐ The patie☐ Medical☐ Medical☐	x indicature of sign (Surgic (Surgic (Surgic )	ating the er's instruct the part al) Suct al) Men	following	items were ovided to the ment ge ration	complete			
☐ Yes If the previous ques Was the fetus given	le or have No tion was	dures, answer the fo e a post fertilization answered yes, comp opportunity to surviv	age at least 20 v	weeks?	is.	☐ Y  If the previou  Was the fett	tus viab es [ s questi	le or have No ion was a	re a post fer	rtilization ag	the follo	
	aired the	determination that procedure to avert of					nat requ	ired the				ant woman had a rious impairment to
List the name of the <b>N/A</b>	second de	octor present, as requi	ired under IC 16	5-34-2-3(a)(3	3)	List the name	e of the	second	doctor pres	sent, as requi	ired und	er IC 16-34-2-3(a)(3)
Date last normal me	UNI	KNOWN			n estimate	e of gestation (i	n weeks	s)	Post fe	ertilization ag	ge of the 5	fetus (in weeks)
How were the gesta	_	-	-	ed?								
Was a waiver of cons	sent obtain	ned?	s • N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ N	Io
Is the patient seeking	an aborti	on as a result of being	any of the follo	owing?	☐ Abu	ised		oerced		Harassed		Trafficked
Full name of physic DR. JEFFREY D. (	GLAZER											
Address of physicia 1201 N ARLINGTO	-	-		t, city, state	, and zip	code)						
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or t	town, of pregna	•			County of		y termination RION
Patient's age**	Marrie	d	Date of pregn	nancy termi	nation	Educa	tion					
22		☐ Yes ■ No	(	07/27/201	8					elor's Deg	ree	
Race American India Native Hawaiiai	n or Othe	r Pacific Islander	☐ Asian ☐ White	Black Other		an American		ıknown	Not l	y anic or Latin Hispanic or I		Unknown
Live Births:	N	umber now living	0						deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations <b>0</b>				Numb	per of inc	luced termi	nations <b>0</b>		
Dates of termination												
						4		5	v measuistim	a madical as	6	of the patient that may
Fetus delivered aliv  ☐ Yes  ■		If yes, length of ti	me ieius surviv	red:					icate the abo		ndiuons o	i die padent dat may
Fetus viable?	N	If viable, medical	reason for term	nination:					Compli	cation(s) of F	Pregnancy	Termination
☐ Yes ■	NO								None	· · · ·		e Perforation
									Hemorrhag			al Laceration
Pathological examination performed?	nation	If yes, results:							Infection		] Retain	ed Products
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC				Other (Spec	cify)		
								Did thi			ncy resul	t in a maternal death?
		<u> </u>							,5 <u> </u>	0		
Don and done that Tame	i41 D			Type	of Termi	nation Procedu		- 4l4 T-	i4 _ J D.			
Procedure that Term  Medical (Nons						Additional Pr			minated Pi Mifepriston			
☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	Nonsu(	rgical) l	Misoprosto	l		
☐ Medical (Nons	urgicai)	Other ( <i>Specify</i> )				Medical	(Nonsu	irgicai) (	Other (Spec	uy)		
F M-4:1 (M			- 6-11i			For Medical (	N	: . I\			1	
For Medical (Nonsu Check the box indic				estion		Check the bo						
		uctions provided to	the patient			_				vided to the	patient	
The patient sign  Medical (Surgi									atient agree ion Curetta			
Medical (Surgi	ical) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration		
☐ Medical (Surgi	ical) Oth	er (Specify)				Medical	(Surgic	al) Othe	er (Specify)			
For Medical (Surgio						For Medical (						
	le or hav	e a post fertilization	age at least 20	weeks?			tus viab es [		e a post fei	rtilization ag	e at least	20 weeks?
If the previous ques	tion was			ng question	ıs.	_	_		answered y	es, complete	the follow	wing questions.
	1 the best □No	opportunity to surviv	ve?				ıs giver Yes [		t opportunit	y to survive	?	
	_	determination that	the preopent	woman h	ad a			_	datormin	tion that the	a proce-	ant woman had a
	uired the	procedure to avert of				condition th	nat requ	iired the				ious impairment to
are prognant would	-4.					the pregnan	ı woma	1111				
T: (d 2:				. 24 2 2	2)	Tira	6.1		12	4		10.16.24.2.26.26
N/A	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(	3)	List the nam	e of the	second	doctor pres	sent, as requi	ired unde	r IC 16-34-2-3(a)(3)
Date last normal me	_			Physician	n estimat	e of gestation (i	n week:	s)	Post fe	ertilization ag		fetus (in weeks)
How were the gesta		KNOWN	n aga data	ad?		8					6	
ULTRASOUND EX	_	-	-	ieu?								
Was a waiver of cons	sent obtain	ned?	; <u> </u>	No.	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking					Abu			Coerced		Harassed		rafficked
Full name of physic												
DR. JEFFREY D. (					1 .	1-)						
Address of physicia 1201 N ARLINGTO	-	-		ı, cıty, state	e, and zip	coae)						
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/30/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219						town, of pre	gnancy t		1	County of p	oregnancy termination  MARION	
Patient's age** 20	Marrie	ed ☐ Yes ■ No	Date of pregna	nncy term 7/27/201		Ed	ucation		High Scho	ol Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	ka Native er Pacific Islander umber now living	Asian White	Black		an America		Unknown mber now	■ Not l	y anic or Latino Hispanic or La		
Live Births:			0							0		
Other Termination	15.	umber of spontaneou	0				Nu	mber of in	duced termi	nations 1		
Dates of termination 2017	ns (Do no	ot include this termin	ation. If more th	an six (6)	), those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti		ed:		<u> </u>			ny preexistin icate the abo	-	ditions of the patient that may	
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for termi	nation:					None		regnancy Termination  Uterine Perforation	
Pathological examir performed?		If yes, results:							Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products	
								Did th ☐ Y			ncy result in a maternal death?	
				Туре	of Termi	nation Proc	edures					
Procedure that Term									erminated P	•		
Medical (Nons)     Medical (Nons)     Medical (Nons)	urgical)	Misoprostol			<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>							
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)									ompleted			
Was the fetus viab ☐ Yes	le or hav □ No	edures, answer the fo	age at least 20 w	eeks?		Was the	e fetus vi ☐ Yes	able or ha	ve a post fer		at least 20 weeks?	
	the best	answered yes, comp opportunity to surviv		g questio	ns.	Was the	fetus giv		-	es, complete t by to survive?	the following questions.	
	ired the	determination that procedure to avert of				condition		equired the			e pregnant woman had a h or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the r	name of t	the second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	UN	KNOWN			nn estimat	e of gestation	on (in we	eks)	Post fe	ertilization age	e of the fetus (in weeks) 7	
How were the gesta  ULTRASOUND EX	_	e and post fertilization	on age determine	ed?								
Was a waiver of cons						a waiver of				☐ Yes	■ No	
Is the patient seeking			any of the follow	wing?	☐ Abı	ised		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. JEFFREY D. C	_	-										
Address of physicia 1201 N ARLINGTO	-	ning termination (nu, INDIANAPOLIS,		city, stat	e, and zip	code)						
**Date Reported	to DCS	, if Patient under	l 6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/30/2018

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	ITER OF IN	DIANAPOLIS - 1201 N A	City or	town, of pregna	•			County of p	regnancy te			
Patient's age**	Marrie	:d	Date of pregnanc	y termination	Educa	tion			-			
23		Yes No	07/2	27/2018					ol Diploma	or GED		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	= =	Black or Afri Other	can American	☐ Un	[		7 anic or Latino Hispanic or La		Unknown	
Live Births:	N	umber now living	2			Numb	ber now dece	eased	0			
Other Termination	ns: N	umber of spontaneo	us terminations			Numb	ber of induce	ed termi	nations			
Dates of termination 1. 2016	ns (Do no	ot include this termir	nation. If more than	six (6), those n	nost recent.)	l	5		<u>-</u>	6		
Fetus delivered aliv ☐ Yes ■		If yes, length of ti	ime fetus survived:				List any pr complicate			ditions of the	e patient that may	
Fetus viable?	No	If viable, medical	reason for terminal	tion:			■ Nor	_	_	regnancy Te Uterine Pe Cervical L	erforation	
Pathological examin performed?		If yes, results:					☐ Infe	ection er (Spec		Retained F		
							Did this te	rminatio		cy result in	a maternal death?	
				Type of Term	ination Procedu	Procedures						
Procedure that Term	ninated P	regnancy		Additional P	rocedur	e that Termin	nated Pr	regnancy				
Medical (Nons Medical (Nons Medical (Nons	urgical)	Misoprostol				(Nonsu	rgical) Mife rgical) Mise rgical) Othe	oprostol				
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)												
For Medical (Surgion Was the fetus viabured Yes If the previous ques	le or have	e a post fertilization	age at least 20 wee			tus viab es [	ole or have a  No	post fer	tilization age	at least 20 v	weeks?	
	n the best ☐ No	opportunity to survi	ve?			us givei Yes [		portunit	y to survive?			
	aired the	determination that procedure to avert				hat requ	uired the pro				woman had a impairment to	
List the name of the	second de	octor present, as requ	iired under IC 16-34	-2-3(a)(3)	List the nam	e of the	e second doc	tor pres	ent, as requir	ed under IC	C 16-34-2-3(a)(3)	
Date last normal me	06/	01/2018			te of gestation (	in week.	s)	Post fe	rtilization age	e of the fetus	s (in weeks)	
How were the gesta  ULTRASOUND EX	_	-	on age determined?				·					
Was a waiver of cons					a waiver of no			[	Yes	■ No		
Is the patient seeking Full name of physic			g any of the followin	ng?	oused		Coerced		Harassed	☐ Traffi	cked	
DR. JEFFREY D. C					7.)							
Address of physicia 1201 N ARLINGTO	-	-		ту, state, and zi <sub>l</sub>	p coae)							
**Date Reported	to DCS	, if Patient under	16 (month, day, yea	ar):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	ITER OF IN	DIANAPOLIS - 1201 N A	RLINGTON AVE,	City o	or town, of pregna	•		County of	f pregnancy termination  MARION
Patient's age**	Marrie	:d	Date of pregnan	cy termination	Educa	tion		•	
35		Yes No	07/	/27/2018				School Diplom	a or GED
Race American India Native Hawaiia	n or Othe	r Pacific Islander	Asian White	Black or Afr	rican American	☐ Un		nicity Hispanic or Latii Not Hispanic or	
Live Births:	N	umber now living	2			Numb	per now decease	ed <b>0</b>	
Other Termination	ns: N	umber of spontaneo	us terminations			Numl	per of induced t	erminations <b>0</b>	
Dates of termination	ns (Do no	ot include this termin	nation. If more than	n six (6), those	most recent.)		5		6
Fetus delivered aliv		If yes, length of t	ime fetus survived				List any preex complicate th		onditions of the patient that may
Fetus viable?	No	If viable, medical	reason for termina	ntion:			Con  None  Hemon		Pregnancy Termination  Uterine Perforation  Cervical Laceration
Pathological examin performed?		If yes, results:					☐ Infecti	_	
								ination of pregna	ancy result in a maternal death?
				Type of Term	mination Procedu	res			
Procedure that Tern	ninated P	regnancy			Additional P	rocedur	e that Terminat	ed Pregnancy	
Medical (Nons     Medical (Nons     Medical (Nons	urgical)	Misoprostol				(Nonsu	orgical) Mifeprorgical) Misoprorgical) Other (	rostol	
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)									
For Medical (Surgio		edures, answer the fo	• .	eks?				answer the follo	wing question. ge at least 20 weeks?
☐ Yes If the previous ques Was the fetus giver	☐ No tion was	•	elete the following		If the previou  Was the fet	es [ is quest	No ion was answer the best oppor		e the following questions.
	aired the	determination that procedure to avert				hat requ	aired the proceed		he pregnant woman had a ath or serious impairment to
List the name of the	second d	octor present, as requ	nired under IC 16-34	4-2-3(a)(3)	List the nam	e of the	e second doctor	present, as requ	nired under IC 16-34-2-3(a)(3)
Date last normal me	06/	05/2018			ate of gestation (	in week.	s) Po	ost fertilization a	ge of the fetus (in weeks)  6
How were the gesta	_	-	on age determined	?					
Was a waiver of cons					as a waiver of no			☐ Yes	■ No
Is the patient seeking			g any of the followi	ng?	bused		Coerced	Harassed	☐ Trafficked
Full name of physic DR. JEFFREY D. 0	-	-							
Address of physicia	-	=		ity, state, and z	ip code)				
**Date Reported	to DCS	, if Patient under	16 (month, day, ye	ear):					

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AR		City or t	own, of pregna				County of		cy termination	
Patient's age**	Marrie	d	Date of pregn	ancy termin	nation	Educat	tion					
20		Yes No	(	07/27/2018	8			H		ool Diploma	a or GEI	D
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Black ■ Other		an American		known	■ Not I	y anic or Latin Hispanic or I		Unknown
Live Births:	N	umber now living	0				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	inations 1		
Dates of termination	,	t include this termin	· ·			,		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo	-	onditions o	of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				•	Complie	` _	_ `	y Termination ne Perforation
Pathological examin performed?	nation No	If yes, results: CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC				Hemorrhag Infection Other (Spec		_	cal Laceration ned Products
								Did thi			ancy resul	lt in a maternal death?
				Туре о	of Termin	nation Procedur	res_					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated P	regnancy		
☐ Medical (Nons ☐ Medical (Nons ☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	Nonsu(	rgical) l	Mifepriston Misoprosto Other (Spec	l		
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)												
☐ Yes If the previous ques Was the fetus given	le or have No tion was	e a post fertilization	age at least 20 v	weeks?	18.	Was the fet \_ Y  If the previou  Was the fetu	tus viab es [ s questi	le or have No ion was a	seedures, answer the following question.  ave a post fertilization age at least 20 weeks?  s answered yes, complete the following questions.  est opportunity to survive?			
	aired the	determination that procedure to avert of					nat requ	ired the				ant woman had a rious impairment to
List the name of the <b>N/A</b>	List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  N/A  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)											
Date last normal me	e of gestation (i	n weeks	s)	Post fe	ertilization as	ge of the	fetus (in weeks)					
How were the gesta ULTRASOUND EX	_	-	-	ed?								
Was a waiver of cons	sent obtain	ned?	s • N	No	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ N	0
Is the patient seeking	an aborti	on as a result of being	any of the follo	owing?	Abu	ised		oerced		Harassed	Π	Trafficked
Full name of physic DR. JEFFREY D. (	GLAZER											
Address of physicia 1201 N ARLINGTO	-	-		t, city, state	e, and zip	code)						
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/30/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	Address ITER OF IN	DIANAPOLIS - 1201 N AF		City or t	own, of pregna	•			County of		cy termination		
Patient's age**	Marrie	d	Date of pregn	ancy termin	nation	Educa	tion						
36		Yes No	(	07/27/2018	8					ociate Degi	ree		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	■ Not I	y anic or Latin Hispanic or I		Unknown	l
Live Births:	N	umber now living	1				Numb	er now o	leceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations <b>0</b>			
Dates of termination		t include this termin						5			6		_
Fetus delivered alive	e?	If yes, length of ti							y preexistin cate the abo		onditions	of the patient that m	nay
Fetus viable?  Yes	No	If viable, medical	reason for term	nination:				•	Complic		] Uterii	ey Termination ne Perforation	
Pathological examir performed?		If yes, results: CHORIONIC VIL	.LAE, GESTA	TIONAL S	SAC				Hemorrhag Infection Other (Spec		-	cal Laceration ned Products	
								Did thi			ıncy resu	lt in a maternal de	ath?
				Туре	of Termi	nation Procedur	res						
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	e that Te	rminated Pr	regnancy			
☐ Medical (Nonsi	urgical)	Misoprostol				☐ Medical	Nonsu(	rgical) l	Mifepriston Misoprostol Other (Spec	l			
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)													
☐ Yes  If the previous ques  Was the fetus given ☐ Yes ☐	le or have No tion was the best	e a post fertilization	age at least 20 v lete the following ve?	weeks? ng question		☐ Y If the previou Was the fett	tus viab es [ s quest us giver Yes [	le or have No ion was a the best No	re a post fer answered year	rtilization ag es, complete ty to survive	the follo		a
	aired the	procedure to avert of					nat requ	ired the				rious impairment	
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(i	3)	List the name	e of the	second	doctor pres	sent, as requi	ired und	er IC 16-34-2-3(a)	)(3)
Date last normal menses began  06/09/2018  Physician estimate of gestation 7								s)	Post fe	ertilization ag	ge of the	fetus (in weeks)	
How were the gesta  ULTRASOUND EX	_	-	-	ed?									
Was a waiver of cons	sent obtain	ned?	s • N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ N	lo	
Is the patient seeking			any of the follo	owing?	Abu	ısed		Coerced		Harassed		Trafficked	
Full name of physic DR. JEFFREY D. C	GLAZER	1											
Address of physicia 1201 N ARLINGTO	-	-		t, city, state	e, and zip	code)							
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	T					own, of pregi	nancy ter			County of p	oregnancy termination  MARION
Patient's age** 38	Marrie	ed Yes No	Date of pregnar	ncy termin		Educ	ation		Asso	ociate Degr	ee
	n or Othe	ka Native er Pacific Islander fumber now living	Asian White	☐ Black ■ Other		an American			■ Not I	nnic or Latino Hispanic or L	
Live Births:	N	umber of spontaneou	3 s terminations					ber of induc		0 nations	
Other Termination	15.		0	an ain (6)	41.000.00	204 412 2 2 44 )	rvann	ber of made		2	
2012		ot include this termin	3	an six (0),	inose mo	981 recent.) 4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survived	d:				List any p		-	nditions of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for termir	nation:				■ No	one		regnancy Termination Uterine Perforation
Pathological examin performed?		If yes, results:						Inf	emorrhag fection her (Spec		Cervical Laceration Retained Products
								Did this t	erminatio		ncy result in a maternal death?
				Туре	of Termir	nation Proced	ures				
Procedure that Term						Additional				•	
Medical (Nonsi     Medical (Nonsi     Medical (Nonsi	urgical)	Misoprostol				☐ Medica	ıl (Nonsu	rgical) Mi rgical) Mi rgical) Otl	soprostol	[	
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)									ompleted		
Was the fetus viab	le or hav ☐ No	edures, answer the fo e a post fertilization answered yes, comp	age at least 20 we	eeks?	ns.	Was the	etus viab Yes [	ole or have	a post fer	tilization age	ring question. e at least 20 weeks? the following questions.
Was the fetus given  ☐ Yes [		opportunity to surviv	ve?				etus giver Yes [		pportunit	y to survive?	
	ired the	determination that procedure to avert of					that requ	uired the pr			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-3	34-2-3(a)(i	3)	List the na	ne of the	e second do	ctor pres	ent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	UN	KNOWN			n estimate	of gestation <b>5</b>	(in week	s)	Post fe	rtilization ag	e of the fetus (in weeks) 3
How were the gestar	_	e and post fertilization	on age determined	d?							
Was a waiver of cons					Was	a waiver of n			? [	Yes	■ No
Is the patient seeking			any of the follow	ving?	Abu	sed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. JEFFREY D. C	_										
Address of physicia	-	ming termination (nu, , INDIANAPOLIS,		city, state	, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day, y	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	D. C					town, of pregna	•			County of p	oregnancy termination MARION	
Patient's age**	Marrie	d	Date of pregn	ancy termi	ination	Educa	tion					
30		Yes No	(	07/27/201	8					ociate Degre	ee	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black		an American		known	■ Not I	/ anic or Latino Hispanic or La		1
Live Births:		umber now living	1					per now c		0		
Other Termination	15.	umber of spontaneou	2				Numb	er of ind	uced termi	nations <b>0</b>		
Dates of termination  1. 2015		ot include this termin 2006	ation. If more th					5			6	_
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo		nditions of the patient that n	nay
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				- I	Complic		regnancy Termination Uterine Perforation	
Pathological examin performed?	nation No	If yes, results:  CHORIONIC VIL	LAE, GESTA	TIONAL	SAC				Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products	
								Did thi ☐ Ye	s termination		ncy result in a maternal de	eath?
				Туре	of Termin	nation Procedu	res					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Ter	minated Pi	regnancy		
☐ Medical (Nons☐ Med	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) N	Mifepriston Misoprostol Other (Spec	[		
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)												
Was the fetus viab  ☐ Yes  If the previous ques  Was the fetus giver	le or have No tion was	answered yes, comp	age at least 20 v	weeks?	ns.	☐ Y If the previou Was the fett	tus viab es [ s questi	le or have No ion was a	e a post fer	tilization age	at least 20 weeks?	
	iired the	determination that procedure to avert of				What was	the ba	sis for aired the			e pregnant woman had h or serious impairment	
List the name of the <b>N/A</b>	second d	octor present, as requi	red under IC 16	-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)	)(3)
Date last normal me	05/	26/2018		-	n estimate	e of gestation (i	n weeks	s)	Post fe	rtilization age	e of the fetus (in weeks)  6	
How were the gesta  ULTRASOUND EX	_	e and post fertilization TION, PELVIC EX	_	ed?								
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No	
		on as a result of being	any of the follo	wing?	Abu	ised	□ C	oerced		Harassed	☐ Trafficked	
Full name of physic DR. JEFFREY D. (	GLAZER	1	-									
Address of physicia 1201 N ARLINGTO	-	ning termination (nu., INDIANAPOLIS,		, city, state	e, and zip	code)						
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219						own, of pregr	nancy teri			County of p	oregnancy termination  MARION		
Patient's age** 26	Marrie	ed Yes No	Date of pregn	ancy termi 07/27/201		Educ	ation		Bach	nelor's Degr	ree		
Race American Indian Native Hawaiian	or Othe		Asian White	☐ Black ■ Other		ın American		known er now d	■ Not l	y anic or Latino Hispanic or L			
Live Births:	N	Tumber of spontaneou	1 us terminations				Numb	er of ind	uced termi	nations			
Other Termination	13.		0	1 (6)	1		1 value			0			
Dates of termination	1S ( <i>Do no</i>	n incluae inis termin 2	3	nan six (0)	, inose mo 4	si receni.) 		5			6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:				-	preexisting preexi	-	nditions of the patient that may		
Fetus viable?	No	If viable, medical	reason for term	ination:				• 1	_	cation(s) of P	regnancy Termination Uterine Perforation		
Pathological examin performed?		If yes, results:						_ I	Hemorrhag nfection Other (Spec		Cervical Laceration Retained Products		
								Did this ☐ Yes			ncy result in a maternal death?		
				Туре	of Termin	ation Proced	ures						
Procedure that Term	ninated P	regnancy				Additional	Procedure	e that Ter	minated P	regnancy			
Medical (Nonst	urgical)	Misoprostol			☐ Medica	ıl (Nonsu	rgical) N	Aifepriston Aisoprosto Other (Spec	l				
Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration								<b>声</b>					
		edures, answer the for e a post fertilization			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?								
If the previous quest Was the fetus given	tion was	answered yes, comp opportunity to survi		ng question	ns.	If the previo	ous questi	the best		es, complete ty to survive?	the following questions.		
	ired the	determination that procedure to avert of					that requ	ired the			e pregnant woman had a th or serious impairment to		
List the name of the	second d	loctor present, as requ	ired under IC 16	5-34-2-3(a)(	(3)	List the na	ne of the	second o	loctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)		
Date last normal me	-	an /16/2018		Physicia	n estimate	of gestation <b>5</b>	(in weeks	s)	Post fe	ertilization ag	e of the fetus (in weeks) 3		
How were the gestar	_	-	on age determin	ed?					·				
Was a waiver of cons						waiver of n				Yes	■ No		
Is the patient seeking Full name of physic			g any of the follo	owing?	☐ Abu	sea		coerced		Harassed	☐ Trafficked		
DR. JEFFREY D. C													
Address of physicia 1201 N ARLINGTO	-	-		, city, state	e, ana zip	coae)							
**Date Reported	to DCS	S, if Patient under	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	(* (2 **   D ( 6				City or to	own, of pre	gnancy t		1	County of J	pregnancy termination  MARION		
Patient's age** 30	Marrie	ed Yes • No	Date of pregnan	ncy termin		Ed	ucation		Some Co	ollege, No D	Degree		
Race American Indian						n America	n			anic or Latino			
☐ Native Hawaiian  Live Births:		umber now living	☐ White	☐ Other				Unknown mber now		Hispanic or L  0	atino Unknown		
Other Termination	ns: N	umber of spontaneou					Nui	mber of in	duced termi				
Dates of termination		ot include this termin	ation. If more tha	ın six (6),	those mo	st recent.)		5			6		
Fetus delivered alive	e?	If yes, length of ti		1:		•			ny preexistin icate the abo	-	aditions of the patient that may		
Fetus viable?  Yes	No	If viable, medical	reason for termin	ation:					None		regnancy Termination Uterine Perforation Cervical Laceration		
Pathological examir performed?  Yes		If yes, results:  CHORIONIC VIL	LAE, GESTATI	IONAL S	SAC				Hemorrhag Infection Other (Spec				
								Did th ☐ Y			ncy result in a maternal death?		
				Туре	of Termin	ation Proce	edures						
Procedure that Term  Medical (Nons)									erminated P	•			
Medical (Nonsi	urgical)	Misoprostol			<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>								
For Medical (Nonsu Check the box indice The manufacture The patient sign Medical (Surgine Medical (Surgine Medical (Surgine) Medical (Surgine)		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement  Medical (Surgical) Suction Curettage  Medical (Surgical) Menstrual Aspiration  Medical (Surgical) Other (Specify)											
For Medical (Surgic	,		llowing question.				` `		al) Other ( <i>specify</i> ) al) procedures, answer the following question.				
	le or hav ■ No	e a post fertilization	age at least 20 we	eeks?			e fetus vi ] Yes	able or ha	ve a post fe	rtilization age	e at least 20 weeks?		
	the best	answered yes, comp opportunity to survi	-	question	S.	Was the	•	en the bes	•	es, complete ty to survive?	the following questions.		
	ired the	determination that procedure to avert of				condition		equired the			e pregnant woman had a th or serious impairment to		
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16-3	34-2-3(a)(3	3)	List the r	name of t	he second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)		
Date last normal me	-	an <b>(06/2018</b>		Physician	estimate	of gestatio	on (in wed	eks)	Post fe	ertilization ag	e of the fetus (in weeks)  9		
How were the gesta ULTRASOUND EX	_	-	_	1?									
Was a waiver of cons						waiver of				Yes	■ No		
Is the patient seeking Full name of physic			any of the follow	ıng!	Abus	sea		Coerced	L	Harassed	☐ Trafficked		
DR. JEFFREY D. C	SLAZEF	₹	mbar and streat	oity state	and sin	anda)							
Address of physicia 1201 N ARLINGTO	-	-		y, siaie,	, ини хір (	coue)							
**Date Reported	to DCS	, if Patient under	16 (month, day, y	rear):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219						town, of pregna	•			County of p	pregnancy termination  MARION
Patient's age**	Marrie	ed .	Date of pregna	ancy termi	nation	Educa	tion				
22		Yes ■ No	0	7/27/201	8					ollege, No D	Degree
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black		an American		known	■ Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	2					er now d		0	
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	per of ind	uced termi	nations <b>0</b>	
Dates of termination		ot include this termin	v			*					
1						4		5			6
Fetus delivered aliv		If yes, length of ti	me fetus survive	ed:					y preexistin cate the abo		nditions of the patient that may
Fetus viable?		If viable, medical	reason for termi	ination:					Compli	cation(s) of P	regnancy Termination
☐ Yes ■	No								None		Uterine Perforation
									Hemorrhag	_	Cervical Laceration
Pathological examination performed?	nation	If yes, results:						1	nfection		Retained Products
I *	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC				Other (Spec	cify)	
											ncy result in a maternal death?
		<u> </u>						☐ Ye	s 🔳 N	υ	
				Type	of Termi	nation Procedu					
Procedure that Term		• •				Additional Pr					
☐ Medical (Nons ☐ Medical (Nons									Aifepriston Aisoprosto		
Medical (Nons	urgical)	Other (Specify)			☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)		
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement  The patient signed the patient agreement  The patient signed the patient agreement  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement											
■ Medical (Surgi ■ Medical (Surgi		tion Curettage							on Curetta strual Aspi		
Medical (Surgi									r (Specify)		
For Medical (Surgio	cal) proce	edures, answer the fo	llowing question	n.		For Medical (	Surgica	al) proced	dures, answ	ver the follow	/ing question.
		e a post fertilization	age at least 20 v	veeks?		Was the fet	tus viab	le or hav			e at least 20 weeks?
	■ No tion was	answered yes, comp	lete the followin	ng auestion	1S.	If the previou		☐ No ion was a	nswered v	es, complete t	the following questions.
Was the fetus given	the best	opportunity to surviv		0 1		Was the fett	us giver	the best		y to survive?	• •
□Yes	□No					L	Yes [	□ No			
	aired the	determination that procedure to avert of					nat requ	ired the			e pregnant woman had a th or serious impairment to
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16-	-34-2-3(a)(	(3)	List the name	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>22/2018</b>		Physician	n estimate	e of gestation (i	n week:	s)	Post fe	ertilization ag	e of the fetus (in weeks)  6
How were the gesta	tional ag	e and post fertilization	_	ed?							
Was a waiver of cons	sent obtain	ned?	ı 🔳 N	0	Was	a waiver of not	ificatio	n obtaine	ed?	☐ Yes	■ No
		on as a result of being			Abu			Coerced		Harassed	☐ Trafficked
Full name of physic DR. JEFFREY D. (	_										
	-	ning termination (nu		, city, state	e, and zip	code)					
1201 N ARLINGTO	JN AVE	, INDIANAPULIS,	IIN 404 IS								
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	(; t2 ++ 1   In. c					City or town, of pregnancy termination  MERRILLVILLE					pregnancy termination  LAKE	
Patient's age** 40	Marrie	d Yes No	Date of pregna	ancy term 07/18/201		Edu	cation		Asso	ociate Degr	ee	
	n or Othe	ka Native r Pacific Islander umber now living	Asian White	☐ Blac		an American	☐ Ur		■ Not I	nnic or Latino Hispanic or L		
Live Births:	N	umber of spontaneou	0 us terminations				Numl	ber of induce	ed termi	nations		
Other Termination  Dates of termination	15.	•	0	- an ain (6	1.000	224 422244 )	rvann	- Induce		0		
1	1S ( <i>Do no</i>	n inciuae inis iermin 	3	ian six (0)	), inose m	4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				complicate			nditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				n/a				
Yes Yes	No	ii viaole, medicai	reason for terms	inacion.				■ Nor	ne		Uterine Perforation	
Pathological examin	nation	If yes, results:							norrhag ection	e ⊔ □	Cervical Laceration Retained Products	
performed?  Yes	No								er (Spec	_		
								Did this te ☐ Yes	rminatio		ncy result in a maternal death?	
		•		Type	of Termi	nation Proces	dures	,				
Procedure that Term	ninated P	regnancy		1,400	J. 1011111			e that Termin	nated Pr	egnancy		
Medical (Nonsi								urgical) Mife				
Medical (Nonsi								argical) Miso argical) Otho				
For Medical (Nonsu Check the box indic	cating the		ere completed	stion		Check the	box indic	cating the fol	lowing	nswer the foll items were c	=	
■ The patient sign	ed the pa	tient agreement				☐ The pa	atient sign	ned the patier	nt agree	ment		
Medical (Surgion Medica	cal) Mer	nstrual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgic			• 1			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
	le or hav ☐ No	e a post fertilization	age at least 20 v	veeks'?				ole or have a  No	post fer	tılızatıon age	at least 20 weeks?	
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ng questio	ns.	Was the f	-	n the best op	-	es, complete ty to survive?	the following questions.	
	ired the	determination that procedure to avert of					that requ	uired the pro			e pregnant woman had a th or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	(3)	List the na	ame of the	e second doc	tor pres	ent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	nn estimat	e of gestation 8	ı (in week	es)	Post fe	rtilization ag	e of the fetus (in weeks)  6					
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?					_			
Was a waiver of cons		10.				a waiver of r				Yes	■ No	
Is the patient seeking			g any of the follo	wing?	☐ Abu	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic <b>DR. MANDY GITTI</b>	-	rming termination										
Address of physicia 8645 CONNECTIO	n perforn	-			e, and zip	code)						
**Date Reported	to DCS	, if Patient under	 16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	1. 12 ++ 1					own, of preg	nancy ter			County of p	oregnancy termination  LAKE	
Patient's age** 23	Marrie	ed ☐ Yes ■ No	Date of pregn	ancy term 07/18/201		Edu	ation		Asso	ociate Degre	ee	
	n or Othe	ka Native or Pacific Islander number now living	Asian White	☐ Blac		an American		iknown oer now de	☐ Not I	/ anic or Latino Hispanic or La		
Live Births:	N	umber of spontaneou	1 s terminations					per of indu		0 nations		
Other Termination	15.		0		\ .#		rum	oci oi inde	icca terriri	0		
Dates of termination	1S ( <i>Do no</i>	ot include this termin	ation. If more th	han six (6 <sub>)</sub>	), those m	ost recent.) 4		5			6	
Fetus delivered alive		If yes, length of ti		ed:				complic	preexistin ate the abo		nditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				n/a				
Yes Yes	No	ii viaole, medicar	reason for term	mation.					lone		regnancy Termination Uterine Perforation Cervical Laceration	
Pathological examin	nation	If yes, results:							lemorrhag nfection	е <u> </u>	Retained Products	
performed?	No								ther (Spec	_	rotanica i rotacio	
								Did this ☐ Yes			ncy result in a maternal death?	
				Type	e of Termination Procedures							
Procedure that Term	ninated P	regnancy		Jr		Additional		e that Terr	ninated Pi	regnancy		
Medical (Nonsi	urgical)	Misoprostol				☐ Medic	ıl (Nonsu	rgical) M rgical) M rgical) O	[isoprosto]	[		
(Tonist	urgreur)	other (specify)					ir (1 vonse	ingicui) o	ther (spec	937		
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient										ompleted		
The patient sign  Medical (Surgion					The patient signed the patient agreement  Medical (Surgical) Suction Curettage							
	cal) Mei	nstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgic	ral) proce	edures answer the fo	llowing questio	ın		For Medica	l (Surgice	al) proced	urec ancu	er the follow	ring question.	
Was the fetus viab	le or hav	e a post fertilization	age at least 20 v	weeks?		Was the	etus viab Yes [	ole or have	a post fer	tilization age	e at least 20 weeks?	
	the best	answered yes, comp opportunity to survi-		ng questio	ns.	Was the f	-	n the best	-	es, complete t y to survive?	the following questions.	
	ired the	determination that procedure to avert of					that requ	aired the p			e pregnant woman had a th or serious impairment to	
List the name of the <b>n/a</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the na	ne of the	e second d	octor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	_	an <b>01/2018</b>		Physicia	n estimat	e of gestation	(in week.	s)	Post fe	rtilization age	e of the fetus (in weeks)  10	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
Was a waiver of cons					Was	a waiver of n	otificatio	n obtaine	d?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abu	ised		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. MANDY GITTI	_	rming termination				<del></del>						
Address of physicia	n perform	-			e, and zip	code)						
8645 CONNECTIO	UT STR	REET, MERRILLVI	LLE, IN 46410	)								
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNE	CTICUT STREET,		City or	town, of preg	nancy ter			County of p	oregnancy termination  LAKE	
Patient's age** 24	Marrie [	d Yes No	Date of pregn	ancy term 07/18/20		Edu	cation	н	igh Scho	ol Diploma	or GED	
Race American Indian Native Hawaiian Live Births:	n or Othe	ka Native or Pacific Islander umber now living	Asian White	☐ Blac		an American		nknown ber now d	■ Not I	anic or Latino Hispanic or La		
	N N	umber of spontaneou	us terminations				Numl	ber of indi	uced termi	nations		
Other Termination  Dates of termination	13.		0	han sir (6	) those m	ost recent )				0		
1	2		3	un six (o	,, mose m	4		5			6	
Fetus delivered alive  ☐ Yes  ☐		If yes, length of ti	me fetus surviv	ed:				complic	preexisting preexi		nditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				n/a				
Yes Yes	No	ii viaole, medicai	reason for term	mation.					None		regnancy Termination Uterine Perforation Cervical Laceration	
Pathological examin	nation	If yes, results:							Hemorrhag nfection	е <u> </u>	Retained Products	
performed?	No								Other (Spec	_	rotanica i rotacio	
								Did this			ncy result in a maternal death?	
				Type	of Termi	nation Proced	ures					
Procedure that Term	ninated P	regnancy		Jr		Additional		e that Ter	minated Pi	regnancy		
Medical (Nonsi	urgical)	Misoprostol				☐ Medic	al (Nonsu	ırgical) M	Mifepriston Misoprosto	[		
Medical (Nolls)	urgicar	Other ( <i>Specify</i> )			Wiedic	ai (inolist	iigicai) C	gical) Other (Specify)				
	cating the er's instr	e following items we ructions provided to	ere completed	stion		Check the	oox indic inufactur	eating the er's instru	following actions pro	items were c vided to the J	=	
The patient sign  Medical (Surgion									tient agree on Curetta			
	cal) Mer	nstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
	le or have	edures, answer the fo	• .			Was the	fetus viab	ole or have			ring question.	
Yes If the previous quest	■ No tion was	answered yes, comp	lete the following	ng questio	ns.	_	_	☐ No tion was a	nswered y	es, complete t	the following questions.	
Was the fetus given  ☐ Yes [		opportunity to survi	ve?				etus giver Yes [		opportunit	y to survive?		
	ired the	determination that procedure to avert of					that requ	uired the			e pregnant woman had a th or serious impairment to	
List the name of the <b>n/a</b>	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	(3)	List the na	me of the	e second d	loctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	an estimat	e of gestation	(in week	s)	Post fe	rtilization age	e of the fetus (in weeks)  10					
How were the gestar ULTRASOUND	tional age	e and post fertilization	on age determin	ed?								
Was a waiver of cons		10.			Was	a waiver of n			d?	Yes	■ No	
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. MANDY GITTI	-	rming termination										
Address of physicia 8645 CONNECTIC	n perforn	-			te, and zip	code)						
0043 CONNECTIO	OI SIR	LEI, WIERKILLVI	LLE, IN 4041(	, 								
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	town, of pregna	•			County of p	oregnancy termination  LAKE	
Patient's age**	Marrie	d	Date of pregn	ancy termin	nation	Educa	tion		·			
46		Yes No	(	07/18/2018	8			Н		ool Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black ☐ Other		an American		known	Not l	y anic or Latino Hispanic or L		
Live Births:	N	umber now living	1					er now d		0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 4		
Dates of termination  1. 2004		t include this termin UNKNOWN	ation. If more th			ost recent.) <sub>4.</sub> <b>UNKNOWN</b>	ı	5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					preexisting preexi	-	nditions of the patient that may	
								n/a				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of Pr	regnancy Termination	
	110							■ N	None		Uterine Perforation	
Dath alogical avamin	nation	If yes, results:						☐ F	Hemorrhag	ge 🗆	Cervical Laceration	
Pathological examir performed?	iation	ii yes, iesuits.							nfection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal death?	
		1						☐ Yes	s 🔳 N	U		
				Туре	of Termin	nation Procedu		a =				
Procedure that Term						Additional Pi						
☐ Medical (Nonsi								urgical) Mifepristone urgical) Misoprostol				
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) C	ther (Spec	cify)		
For Medical (Nonsu				estion							owing question	
Check the box indic	_	uctions provided to	-			Check the bo		_	_	ovided to the	_	
☐ The patient sign									tient agree			
Medical (Surgi									on Curetta			
Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi ( <i>Specify</i> )			
E M-di1/Ci	-1)	J 41 - 6-	11			F M F 1	(C :	1) 1		4 6 11	·····	
For Medical (Surgic		e a post fertilization	• .			For Medical Was the fe					ang question. e at least 20 weeks?	
☐ Yes	■ No	-				☐ Y	es [	No	_			
If the previous ques		answered yes, comp opportunity to surviv		ng question	S.	_	•				the following questions.	
	∏No	opportunity to surviv	ve:				us giver Yes [		opportunit	ty to survive?		
What was the ba	sis for	determination that	the pregnant	woman ha	nd a	What was	the ba	isis for i	determinat	tion that the	e pregnant woman had a	
condition that requ	ired the	procedure to avert of				condition the	hat requ	ired the			h or serious impairment to	
the pregnant woman	11!					the pregnan	ı woma	n!				
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(3	3)	List the nam	e of the	second o	loctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	enses hea	an		Physician	estimate	e of gestation (i	in wook	5)	Post fe	ertilization and	e of the fetus (in weeks)	
we normal file	_	16/2018		- 1., 5101411		9	·cm	. /	1 050 10	Zuvion ugi	7	
How were the gesta	tional age	e and post fertilization	on age determin	ed?					•			
ULTRASOUND												
Was a waiver of cons					<u> </u>	a waiver of not			d?	☐ Yes	■ No	
Is the patient seeking			any of the follo	owing?	☐ Abu	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. MANDY GITTI	-	rming termination										
Address of physicia		ning termination (nu	mber and street	t, city, state,	, and zip	code)						
8645 CONNECTIO	-	-				· 						
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNE		City or t	town, of preg	nancy ter			County of p	oregnancy termination  LAKE		
Patient's age** 30	Marrie [	d Yes No	Date of pregna	ancy term 07/18/201		Edu	cation	E	Bache	lor's Degr	ree	
Race American Indian Native Hawaiian Live Births:	n or Othe	ka Native r Pacific Islander umber now living	Asian White	☐ Blace		an American			Not Hi	ic or Latino spanic or L		
	N	umber of spontaneou	us terminations				Numl	ber of induced	termina	ontions		
Other Termination  Dates of termination	15.	•	0		) 11		1 (411)			0		
1	15 ( <i>Do no</i>	n include inis lermin	3	un six (0)	), inose m	4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				List any preed complicate the			nditions of the patient that may	
Fetus viable?		If viable, medical	reason for termi	ination:				n/a				
Yes •	No	ii viaole, medicai	reason for terms	muton.				■ None		tion(s) of P	Uterine Perforation	
Pathological examir	nation	If yes, results:						☐ Hemo	rrhage		Cervical Laceration Retained Products	
performed?  Yes	No							Other		_	retained Froducts	
									ination No	of pregnar	ncy result in a maternal death?	
				Tyne	of Termi	nation Proced	ures	•				
Procedure that Term	ninated P	regnancy		1 урс	Additional Procedure that Terminated Pregnancy							
Medical (Nons								urgical) Mifepi				
Medical (Nonsi				Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Special)								
For Medical (Nonsu Check the box indic	cating the		ere completed	stion		Check the	oox indic	rgical) procedure ating the follower's instruction	wing it	ems were c	•	
■ The patient sign	ed the pa	tient agreement				☐ The pa	tient sign	ned the patient	agreem	ent	· 	
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgic			• .			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
	le or hav ☐ No	e a post fertilization	age at least 20 v	veeks'?				ole or have a po No	st ferti	lization age	at least 20 weeks?	
If the previous ques  Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		g questio	ns.	Was the f	-	n the best oppo	-	-	the following questions.	
	ired the	determination that procedure to avert of					that requ	uired the proce			e pregnant woman had a th or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the na	me of the	e second doctor	prese	nt, as requi	red under IC 16-34-2-3(a)(3)	
Date last normal me	05/	20/2018			n estimat	e of gestation 9	(in week	Poss)	ost fert	ilization ag	e of the fetus (in weeks) 7	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons		10.			Was	a waiver of r				] Yes	■ No	
Is the patient seeking			g any of the follow	wing?	☐ Abu	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. MANDY GITTI	-	rming termination										
Address of physicia 8645 CONNECTIO	-	-			e, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	City or	town, of pregn	ancy teri			County of p	oregnancy termination MARION		
Patient's age** 41	Marrie [	d ☐ Yes ■ No	Date of pregn	ancy term 07/31/20		Educa	ition		Bach	elor's Degr	ee	
	n or Othe		Asian White	☐ Blac		an American			■ Not I	nnic or Latino Hispanic or La		
Live Births:	N	umber of spontaneou	1 us terminations					per of induce		0 nations		
Other Termination  Dates of termination	15.		0	han sir (6	those m	ost recent )	1,4111			1		
1. <b>2009</b>	2		3	un six (o	, inose m	4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:				complicate			nditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				N/A				
Yes Yes	No	ii viuote, meateur	reason for term					■ Nor	ne		Uterine Perforation	
Pathological examin	nation	If yes, results:							norrhag ection	e ⊔ □	Cervical Laceration Retained Products	
performed?	No								er (Spec	_	rotanica i rotacis	
								Did this te	rminatio		ncy result in a maternal death?	
				Туре	e of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy		J1. 1		Additional P		e that Termi	nated Pr	regnancy		
☐ Medical (Nonsi	urgical)	Misoprostol				☐ Medica	(Nonsu	rgical) Mife orgical) Mise orgical) Other	oprostol			
Check the box indices The manufacture. The patient sign	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement  The patient signed the patient agreement  The manufacturer's instructions provided to the patient  The patient signed the patient agreement											
Medical (Surgion Medica	cal) Mer	nstrual Aspiration				<ul> <li>☐ Medical (Surgical) Suction Curettage</li> <li>☐ Medical (Surgical) Menstrual Aspiration</li> <li>☐ Medical (Surgical) Other (Specify)</li> </ul>						
		edures, answer the fo					tus viab				ring question. e at least 20 weeks?	
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi-		ng questic	ons.	Was the fe	-	n the best op	-	es, complete t y to survive?	the following questions.	
	ired the	determination that procedure to avert of					hat requ	aired the pro			e pregnant woman had a h or serious impairment to	
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	)(3)	List the nan	ne of the	e second doc	tor pres	ent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	_	an 06/2018		Physicia	an estimat	e of gestation (	in week:	s)	Post fe	rtilization age	e of the fetus (in weeks) 4	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
Was a waiver of cons					Was	a waiver of no				Yes	■ No	
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. CAROL DELL	-	rming termination										
Address of physicia 200 S. MERIDIAN	-	-		t, city, stai	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	City or	town, of pregn	ancy ter			County of p	oregnancy termination MARION		
Patient's age** 23	Marrie	d ☐ Yes ■ No	Date of pregn	ancy term 07/31/20		Educ	ation	E	Bach	elor's Degr	ree	
Race American Indiar Native Hawaiiar	or Othe	r Pacific Islander	Asian White	☐ Blac		an American			Not H	nic or Latino Iispanic or L		
Live Births:		umber now living	0							0		
Other Termination	15.	umber of spontaneou	0				Numt	per of induced	termir	nations <b>0</b>		
Dates of termination	is (Do no	t include this termin	ation. If more th	han six (6	), those m	ost recent.)					4	
Fetus delivered alive		If yes, length of ti		ed:		-		List any pree complicate th			aditions of the patient that may	
Fetus viable?		If viable, medical	rangan far tarm	ination				N/A				
Yes Yes	No	ii viabie, medicai	reason for term	ination:				■ None	•		Uterine Perforation	
Pathological examin	ation	If yes, results:						☐ Hemo	·	· ⊔	Cervical Laceration Retained Products	
performed?	No							Other		_		
									inatio		ncy result in a maternal death?	
				Tyne	of Termi	nation Procedu	ıres					
Procedure that Term	ninated P	regnancy		- 1100				e that Terminat	ted Pr	egnancy		
Medical (Nonsu						Medical (Nonsurgical) Mifepristone						
Medical (Nonsu					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
For Medical (Nonsu Check the box indic	ating the		ere completed	stion		Check the b	ox indic	rgical) procedur ating the follower's instruction	wing i	items were c	=	
■ The patient sign	ed the pa	tient agreement						ned the patient				
Medical (Surgion Medical (Surgio	cal) Mer	strual Aspiration										
For Medical (Surgic		dures, answer the fo	• 1					al) procedures,			ving question.	
☐ Yes [	No	_					Yes [	No				
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ig questic	ons.	Was the fe	-	n the best oppo	-	_	the following questions.	
	ired the	determination that procedure to avert of					that requ	aired the proce			e pregnant woman had a th or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nan	ne of the	e second doctor	r prese	ent, as requi	red under IC 16-34-2-3(a)(3)	
Date last normal me	an estimat	e of gestation (	in week.	s) Po	ost fei	rtilization ag	e of the fetus (in weeks)  6					
How were the gestat	tional age	e and post fertilization	on age determin	ed?				'				
Was a waiver of cons					Was	a waiver of no				Yes	■ No	
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physics  DR. CAROL DELL	-	rming termination										
Address of physician 200 S. MERIDIAN	-	-		, city, sta	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of		ry termination  RION
Patient's age**	Marrie	ed.	Date of pregn	ancy term	ination	Educa	tion					
26		Yes No	, (	07/31/20 <sup>-</sup>	18				Asso	ociate Degr	ee	
Race American India Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Blac		an American		known	■ Not I	/ anic or Latin Hispanic or I		☐ Unknown
Live Births:	N	umber now living	0				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of ind	luced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)	I					
1		2				4		5			6	
Fetus delivered aliv		If yes, length of tin	me fetus surviv	red:					y preexistin cate the abo		nditions o	of the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of F	regnancy	y Termination
									None		Uterin	e Perforation
Desh ala si aal assassia	4:	If							Hemorrhag	e $\Box$	Cervic	al Laceration
Pathological examination performed?	nation	If yes, results:							Infection		Retain	ed Products
☐ Yes ■	No								Other (Spec	cify)		
								Did thi ☐ Ye			ncy resul	t in a maternal death?
								те	s 🔳 N	0		
D 1				Туре	of Termi	nation Procedu		41 : 77				
Procedure that Term						Additional Pr			rmınated Pı Mifepriston	•		
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) N	Misoprostol	[		
Medical (Nons	urgical)	Other (Specify)		Medical (Nonsurgical) Other (Specify)								
		rocedures, answer the e following items we		estion		For Medical ( Check the bo		_ , 1			<b>C</b> 1	
	_	ructions provided to	-					_	_	vided to the	-	-
The patient sign									atient agree			
Medical (Surgi		tion Curettage nstrual Aspiration							ion Curetta strual Aspi			
Medical (Surgi									er (Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questic	on.		For Medical (	(Surgica	al) proce	dures, answ	er the follov	ving aues	stion.
Was the fetus viab	le or hav	e a post fertilization				Was the fet	tus viab	le or hav		tilization age		
	☐ No	answered yes, compl	lete the followi	na auestio	inc		es [	_	incivered v	es complete	the follow	wing questions.
		opportunity to surviv		ng questio	115.	_	-		-	y to survive?		wing questions.
□Yes	□No						Yes [		11	,		
		determination that										ant woman had a
the pregnant woman		procedure to avert d	death or serious	s impairm	ent to	condition the			procedure	to avert dea	th or seri	ious impairment to
List the name of the	second d	octor present, as requi	irad undar IC 16	5 3 4 2 3 (a)	(3)	List the nam	a of tha	second	doctor pres	ent as requi	rad unda	er IC 16-34-2-3(a)(3)
List the name of the	second d	octor present, as requi	ired under ic re	)-34-2-3(a)	(3)	List the nam	e or the	second	doctor pres	ent, as requi	rea unae	1 IC 10-34-2-3(a)(3)
Date last normal me	_			Physicia	an estimat	e of gestation (i	in weeks	s)	Post fe	rtilization ag		fetus (in weeks)
II d		02/2018	1.4	10		7					5	
ULTRASOUND	itionai ag	e and post fertilization	on age determin	iea?								
Was a waiver of cons	sent obtai	ned?	; <u> </u>	Jo	Was	a waiver of not	tificatio	n obtaine	ed?	Yes	■ No	
		on as a result of being				ised		oerced		Harassed		rafficked
Full name of physic												
DR. CAROL DELL	INGER											
Address of physicia 200 S. MERIDIAN	-	ning termination (number of the land of th		t, city, stat	te, and zip	code)						
	,	0210, 114 40										
**Date Reported	to DCS	s, if Patient under 1	l 6 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination  MARION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion				
21	_	Yes No	(	07/31/201	18				,	ollege, No D	)egree
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	0				Numb	er now o	leceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	luced termi	nations 0	
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6,	), those m	ost recent.)					
1	2	·				4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
T		x0 : 11	<u> </u>					N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Complic	cation(s) of P	regnancy Termination
									None		Uterine Perforation
D 4 1 1 1 1 1		TC I							Hemorrhag	ge 🗆	Cervical Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products
☐ Yes ■	No								Other (Spec	cify)	
											ncy result in a maternal death?
								☐ Ye	s I N	0	
				Туре	of Termi	nation Procedu	es				
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated Pr	regnancy	
Medical (Nons				l (Nonsurgical) Mifepristone l (Nonsurgical) Misoprostol							
Medical (Nonsi									Misoprostol Other (Spec		
For Medical (Nonsu	ırgical) nı	rocedures answer th	e following and	estion		For Medical (	Nonsur	gical) pro	ocedures a	nswer the foll	lowing question
		following items we				Check the bo	x indica	ating the	following	items were c	completed
_		uctions provided to	the patient						_	vided to the	patient
The patient sign  Medical (Surgi									atient agree ion Curetta		
Medical (Surgi	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi		
☐ Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)		
For Medical (Surgio	cal) proce	dures, answer the fo	llowing question	n.		For Medical (	Surgica	al) proce	dures, answ	ver the follow	ving question.
		e a post fertilization	age at least 20 v	weeks?			us viab	le or hav			e at least 20 weeks?
	■ No	answered yes, comp	lata tha fallawi	na augstio	na	If the prayion		] No	neward w	os aomnloto t	the following questions.
		opportunity to surviv		ng questio	115.	_	-		-	ty to survive?	
	□No						es [		оррогии	y to but vive.	
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the ba	sis for	determinat	tion that the	e pregnant woman had a
the pregnant woman		procedure to avert of	leath or serious	impairm	ent to	condition th	nat requ	ired the			th or serious impairment to
prognam woman	•					the pregnan	womal	1!			
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	ngec hac	an		Physicia	n estimat	e of gestation (i	n wool-	,)	Doet fo	ertilization ac	ge of the fetus (in weeks)
Date last normal file	_	an 10/2018		1 mysicia	ui vətillidl	<b>5</b>	n weeks	'/	1 081 10	amzanon ag	3
How were the gesta	tional age	e and post fertilization	on age determin	ed?					L		
ULTRASOUND											
Was a waiver of cons	sent obtain	ned?	. I N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abu	ısed	☐ C	oerced		Harassed	☐ Trafficked
Full name of physic	-	rming termination									
DR. CAROL DELL		aing termination (	mbor and atas	t aits ata	and -:-	coda)					
Address of physicia 200 S. MERIDIAN	-	_		, cuy, stat	е, апа zīp	coue)					
		-, -,									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregr	ancy ter			County of p	pregnancy termination MARION	
Patient's age** 26	Marrie	d ☐ Yes ■ No	Date of pregn	ancy term 07/31/20		Educ	ation	8	Some Co	ollege, No D	)egree	
Race American Indiar Native Hawaiiar			☐ Asian ■ White	☐ Blac		an American	□ Un	nknown		7 anic or Latino Hispanic or L		
Live Births:	N	umber now living						ber now de		0		
Other Termination	s: N	umber of spontaneou	us terminations				Numb	ber of indu	ced termi	nations 1		
Dates of termination		ot include this termin		han six (6	), those m	ost recent.)	•	_				
Fetus delivered alive	<del></del> ?	If yes, length of ti	me fetus survivo	ed:		4			preexisting the the about		nditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				N/A				
Yes Yes	No	ii viaole, mealear	reason for term	mation.					one		Uterine Perforation	
Pathological examin	ation	If yes, results:							emorrhag fection	e ⊔	Cervical Laceration Retained Products	
performed?  Yes	No								ther (Spec	cify)		
								Did this	termination		ncy result in a maternal death?	
				Type	e of Termi	nation Proced	ures					
Procedure that Term	inated P	regnancy		JF		Additional l		e that Term	ninated Pr	regnancy		
Medical (Nonsum Medical (Nonsu	ırgical)	Misoprostol			☐ Medica	l (Nonsu	rgical) Mi rgical) Mi rgical) Ot	isoprostol	[			
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage  The manufacturer's instructions provided to the patient Medical (Surgical) Suction Curettage												
	cal) Mer	nstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
		edures, answer the fo				Was the f	etus viab				ring question.	
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi-		ng questic	ons.	Was the fe	-	n the best o	-	es, complete to y to survive?	the following questions.	
	ired the	determination that procedure to avert of					that requ	uired the p			e pregnant woman had a th or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nar	ne of the	e second do	octor pres	ent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal menses began Physician estima 06/07/2018							(in week.	s)	Post fe	rtilization ag	e of the fetus (in weeks)  5	
How were the gestat	tional ag	e and post fertilization	on age determin	ed?								
Was a waiver of cons						a waiver of no				Yes	■ No	
Is the patient seeking  Full name of physics			any of the follo	wing!	☐ Abı	ised		Coerced		Harassed	☐ Trafficked	
DR. CAROL DELL	INGER											
Address of physician 200 S. MERIDIAN	-	-		, city, sta	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):								

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Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregn	ancy ter			County of p	pregnancy termination MARION	
Patient's age** 21	Marrie	d ☐ Yes ■ No	Date of pregn	ancy term 07/31/20		Educ	ation	S	ome Co	ollege, No D	)egree	
Race American Indian Native Hawaiiar			☐ Asian ■ White	☐ Blac		an American	☐ Un			7 anic or Latino Hispanic or L		
Live Births:	N	umber now living	0				Numb	ber now dec	ceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations 0				Numb	ber of induc	ed termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	an six (6	), those m	ost recent.)						
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:		4		List any p			aditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				N/A				
Yes Yes	No	ii viable, illedical	reason for term	mation.				■ No	one		regnancy Termination  Uterine Perforation  Cervical Laceration	
Pathological examin	nation	If yes, results:							emorrhag fection			
☐ Yes ■	No							Ot	her (Spec	cify)		
								Did this t	terminatio		ncy result in a maternal death?	
		1		Type	of Termi	nation Procedu	ırec					
Procedure that Term	ninated P	regnancy		1 ype	. 01 1011111	Additional F		e that Term	inated Pr	regnancy		
Medical (Nonsu Medical (Nonsu Medical (Nonsu	urgical) urgical)	Mifepristone Misoprostol				<ul> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>						
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration										completed		
Medical (Surgio	cal) Oth	er (Specify)				Medical (Surgical) Other (Specify)  For Medical (Surgical) procedures, answer the following question.						
☐ Yes [	le or hav	e a post fertilization	age at least 20 v	veeks?		Was the fo	etus viab Yes [	ole or have	a post fer	tilization age	e at least 20 weeks?	
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ig questic	ons.	Was the fe	-	n the best o	-	es, complete to y to survive?	the following questions.	
	ired the	determination that procedure to avert of					that requ	uired the pr			e pregnant woman had a th or serious impairment to	
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)								red under IC 16-34-2-3(a)(3)				
Date last normal me	an estimat	e of gestation (	in week.	s)	Post fe	rtilization ag	e of the fetus (in weeks)  5					
How were the gestat ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
Was a waiver of cons						a waiver of no				Yes	■ No	
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physics  DR. CAROL DELL	_	rming termination										
Address of physician 200 S. MERIDIAN	-	-		, city, stai	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

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Facility Name and A	Address (PPGI) - 85	i90 GEORGETOWN ROAI	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	oregnancy termination MARION
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educa	tion				<del></del>
23		Yes ■ No	(	07/31/201	18				,	ollege, No D	egree
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ White	☐ Blac		an American		known	☐ Not I	y anic or Latino Hispanic or La	
Live Births:	N	umber now living	0				Numb	er now o	leceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	luced termi	nations <b>0</b>	
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6,	), those m	ost recent.)					
1	2	1				4		5			6
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					y preexistin cate the abo	-	ditions of the patient that ma
T								N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination
	110								None		Uterine Perforation
D 4 1 1 1 1 1		TC I							Hemorrhag	ge 🗆	Cervical Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products
-	No								Other (Spec	cify)	
											ncy result in a maternal dea
		<u> </u>						☐ Ye	s 🔳 N	0	
				Туре	of Termi	nation Procedu	es				
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated Pr	regnancy	
Medical (Nons				surgical) Mifepristone surgical) Misoprostol							
Medical (Nonsi									Misoprosto Other ( <i>Spec</i>		
For Medical (Nonsu	ırgical) nı	rocedures, answer the	e following and	estion		For Medical (	Nonsur	gical) pro	ocedures a	nswer the foll	owing question
		e following items we				Check the bo	x indica	ating the	following	items were c	ompleted
_		ructions provided to	the patient						-	vided to the	patient
The patient sign  Medical (Surgi									atient agree ion Curetta		
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi		
☐ Medical (Surgi	ical) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)		
For Medical (Surgio	cal) proce	edures, answer the fol	llowing question	n.		For Medical (	Surgica	al) proce	dures, answ	ver the follow	ing question.
		e a post fertilization a	age at least 20 v	weeks?			us viab	le or hav			at least 20 weeks?
	■ No	answered yes, compl	lata tha fallawi	na augstio	na	If the prayion		] No	neward w	os aomnloto t	the following questions.
		opportunity to surviv		ng questio	115.	1	•		•	ty to survive?	• .
	□No						es [		оррогии	y to but vive.	
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the ba	sis for	determinat	tion that the	pregnant woman had a
the pregnant woman		procedure to avert d	leath or serious	s impairme	ent to	condition th	nat requ	ired the			h or serious impairment to
prognam woman						the pregnan	womal	1!			
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(
Date last normal me	nges bac	an		Physicia	n estimat	e of gestation (i	n wool-	,)	Doct fo	ertilization ac-	e of the fetus (in weeks)
Date last normal file	_	ап <b>07/2018</b>		1 mysicia	ui vətillidl	11	n weeks	'/	1 081 10	aunzanon agi	9
How were the gesta	tional age	e and post fertilization	n age determin	ed?							
ULTRASOUND											
Was a waiver of cons	sent obtain	ned?	■ N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abu	ısed	☐ C	oerced		Harassed	☐ Trafficked
Full name of physic	-	rming termination									
DR. CAROL DELL		ning termination (	mbor and atmos	t aits ata	and -:-	coda)					
200 S. MERIDIAN	-	ning termination (num		i, city, stat	е, апа zīp	coue)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna				County of p	oregnancy termination  MARION	
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educa	tion					
22		Yes No	(	07/31/20 <sup>2</sup>	18			Н		ool Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	■ Not l	y anic or Latino Hispanic or La		
Live Births:	N	umber now living	0				Numb	er now d	eceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	han six (6	), those m	ost recent.)						
1	2	L				4		5			6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					preexisting preexi	-	ditions of the patient that may	
F 4		TC : 11 1: 1	C	•				N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination	
								<b>1</b>	None		Uterine Perforation	
Dath de si sel seconio		16						I	Hemorrhag	ge 🔲	Cervical Laceration	
Pathological examir performed?	nation	If yes, results:							nfection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal death?	
								☐ Ye	s 🔳 N	O		
				Type	of Termi	nation Procedur						
Procedure that Term		•				Additional Pr						
Medical (Nonsi						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						
Medical (Nons						Medical (Nonsurgical) Other (Specify)						
For Medical (Nonsu	ırgical) pı	rocedures, answer the	e following que	estion							owing question	
	_	e following items we	_			Check the bo						
The manufacture The patient sign		ructions provided to tient agreement	the patient						icuons pro tient agree	ovided to the perment	patient	
☐ Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ige		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi r (Specify)			
- Wiedicai (Surgi	icai) Oili	ы (Бресіју)				Wicalcar	(Burgic	ai) Otiic	і (Бресіју)			
		edures, answer the fo				For Medical (						
	ole or havo □ No	e a post fertilization	age at least 20 v	weeks?		Was the fet		le or hav ] No	e a post fei	rtilization age	at least 20 weeks?	
	_	answered yes, compl	lete the following	ng questio	ns.	_			nswered y	es, complete t	the following questions.	
		opportunity to surviv	ve?						opportunit	ty to survive?		
	□No						Yes [	_				
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to	
the pregnant woman				r		the pregnan			Procedure	uvoit uodi	or sorrous impuniment to	
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	(3)	List the name	e of the	second o	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
					•				•	•		
Date last normal me	-			Physicia	an estimat	e of gestation (i	n weeks	5)	Post fe	ertilization age	e of the fetus (in weeks)	
How were the goster		28/2018 e and post fertilization	n aga datarmin	ed?		8					6	
ULTRASOUND	monai agi	, and post retuiizatio	ni age ucicillin	ou!								
Was a waiver of cons	sent obtair	ned?	s • N	I.o.	Was	a waiver of not	ificatio	n obtains	·d?	☐ Yes	■ No	
		on as a result of being			☐ Abı			Coerced	та:	Harassed	☐ Trafficked	
Full name of physic											_ <del>_</del> : ::	
DR. CAROL DELL	_	8										
	-	ning termination (num		t, city, stat	te, and zip	code)						
200 S. MERIDIAN	SI, IND	IANAPOLIS, IN 46	225									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	-			County of p	oregnancy termination MARION
Patient's age**	Marrie		Date of pregn	ancy term	ination	Educa	tion				
Race		Yes No	ı	07/31/201	18			Н	igh Scho Ethnicity	ol Diploma	or GED
☐ American Indian☐ Native Hawaiian☐	or Othe	r Pacific Islander	Asian White	☐ Black		an American		ıknown	Hispa	v anic or Latino Hispanic or La	atino 🔲 Unknown
Live Births:	N	umber now living	0				Numl	per now d	eceased	0	
Other Termination	ns: N	umber of spontaneou	us terminations 0				Numl	per of indu	iced termi	nations <b>0</b>	
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6)	), those m	ost recent.)	I				
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:		4		-	preexistin	-	ditions of the patient that may
								N/A			
Fetus viable?	<b>N</b> T	If viable, medical	reason for term	ination:					Compli	cation(s) of Pr	regnancy Termination
☐ Yes ■	No							■ N	Vone		
D.d. I		10 14						F	Iemorrhag	je 🗆	Cervical Laceration
Pathological examin performed?	ation	If yes, results:							nfection		Retained Products
☐ Yes ■	No								Other (Spec	cify)	
											cy result in a maternal death?
								☐ Yes	. I N	0	
D 1 1 1 T	·			Туре	of Termi	nation Procedu		d . T	10		
Procedure that Term  Medical (Nonsi		-				Additional P			minated Pi lifepriston		
Medical (Nonsi	urgical)	Misoprostol					(Nonsu	rgical) N	[isoprosto]	l	
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgi										ujy)	
Check the box indic	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement										
Medical (Surgio						☐ The patie					
Medical (Surgion Medica	cal) Mer	nstrual Aspiration				☐ Medical	(Surgio	al) Mens	trual Aspi (Specify)		
	cur) cur	or (Speedy)				Medical	(Surgic	our) Guier	(Бресцу)		
For Medical (Surgic						For Medical					
	le or hav ☐ No	e a post fertilization	age at least 20	weeks?		Was the fe		ole or have	e a post fer	rtilization age	at least 20 weeks?
If the previous quest	tion was			ng questio	ns.	_	_		nswered ye	es, complete t	he following questions.
	the best No	opportunity to survi	ve?				us givei Yes [		opportunit	y to survive?	
	ired the	determination that procedure to avert of					hat requ	aired the			pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second d	loctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>28/2018</b>		Physicia	n estimat	e of gestation (a	in week	s)	Post fe	ertilization age	e of the fetus (in weeks)  6
How were the gestar	tional ag	e and post fertilization	on age determin	ed?							
Was a waiver of cons	ent obtain	ned? Yes	s • N	No	Was	a waiver of not	tificatio	n obtaine	d?	Yes	■ No
Is the patient seeking			g any of the follo	owing?	☐ Abı	ısed		Coerced		Harassed	Trafficked
Full name of physic DR. CAROL DELL		rming termination									
Address of physicia	n perforn	-		t, city, stat	e, and zip	code)					
200 S. MERIDIAN	oi, IND	MANAPULIS, IN 4	0220								
**Date Reported	to DCS	, if Patient under	l 6 (month, day,	, year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address	90 GEORGETOWN ROA	•		•	town, of pregna	ıncy ter	mination	•	County of J	-	termination RION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
19		Yes No		07/31/20 <sup>-</sup>	18			Hi		ol Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American	☐ Ur	ıknown		/ anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	0				Numl	ber now de	ceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations				Numl	ber of indu	ced termi	nations 0		
Dates of termination	ns (Do no	t include this termin	nation. If more ti	han six (6	), those m	ost recent.)	l					
I	2		3			4		5	nraggistin	a madical cor	6	the patient that may
Fetus delivered alive		If yes, length of ti	me ietus surviv	ea:					ate the abo		iditions of	the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				N/A				
Yes •	No	ii viaoic, incuicai	reason for term	mation.					Compli	cation(s) of P	regnancy	Termination
								_	one	_		Perforation
Pathological examir	nation	If yes, results:							emorrhag fection	e 🗆		al Laceration ed Products
performed? ☐ Yes ■	No								ther (Spec	_	recume	a riouatio
	110											
		Did this Yes			ncy result	in a maternal death?						
				Type	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy		- 110		Additional Pi		e that Tern	ninated Pr	regnancy		
Medical (Nonsi								ırgical) M				
Medical (Nons								ırgical) M ırgical) Ot				
For Medical (Nonsu	_ , 1		0 1	estion		For Medical (						
Check the box indice.  The manufacture.	-	_	-			Check the bo		-	_	items were c vided to the	•	
The patient sign								ned the pat	_			
☐ Medical (Surgi ☐ Medical (Surgi		tion Curettage istrual Aspiration				☐ Medical		cal) Suctional) Menst				
Medical (Surgi						Medical	(Surgio	cal) Other	(Specify)	ration		
For Medical (Surgio	al) proce	dures, answer the fo	ollowing question	n.		For Medical	(Surgic	al) procedi	ıres, answ	er the follow	ing quest	ion.
		e a post fertilization	age at least 20 v	weeks?		Was the fe	tus viab	ole or have		tilization age		
☐ Yes  If the previous ques		answered yes, comp	lete the following	ng questio	ns.	_	es [ s quest		swered y	es, complete	the follow	ving questions.
	the best	opportunity to survi	ve?						pportunit	y to survive?		
	_						Yes [					
	ired the	determination that procedure to avert					hat requ	uired the p				nt woman had a ous impairment to
						prognan						
List the name of the	second d	octor present, as requ	ired under IC 16	i-34-2-3(a)	(3)	List the nam	e of the	e second de	octor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in week	s)	Post fe	rtilization ag	e of the fe	etus (in weeks)
		11/2018		-		7					5	
How were the gesta ULTRASOUND	tional age	e and post fertilization	on age determin	ed?								
Was a waiver of cons						a waiver of not			1?	Yes	■ No	
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Tra	afficked
Full name of physic DR. CAROL DELL		rming termination										
Address of physicia	n perforn	-		t, city, stat	te, and zip	code)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 4	6225									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination  MARION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion				
23		☐ Yes ■ No	(	07/31/20 <sup>-</sup>	18					elor's Degr	ee
Race American Indiar Native Hawaiiar	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known	■ Not I	/ anic or Latino Hispanic or La	
Live Births:	N	umber now living	0				Numb	er now o	leceased	0	
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations 0	
Dates of termination	ns (Do no	t include this termin	ation. If more ti	han six (6	), those m	ost recent.)					
1	2					4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
Fetus viable?		If viable, medical	ft	··				N/A			
Yes Yes	No	ii viable, medicai	reason for term	ination:					Complia	cation(s) of P	regnancy Termination
									None		Uterine Perforation
Pathological examin	nation	If yes, results:							Hemorrhag	e 🗆	Cervical Laceration
performed?		11 9 65, 1654115.						_	Infection	الا	Retained Products
☐ Yes ■	No								Other (Spec	cify)	
			Did thi ☐ Ye	s terminaties N		ncy result in a maternal death					
		•		Trmo	of Termi	nation Procedur	res				
Procedure that Term	ninated P	regnancv		1 ype	OI ICIIII	Additional Pr		that Te	rminated P	regnancy	
Medical (Nonsu									Mifepriston	•	
Medical (Nonsu Medical (Nonsu	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) l	Misoprosto Other (Spec	[	
Wedical (Nolls)	uigicai)	Other (Specify)				iviedicai	(INOIISU	igicai) (	Julei (Spec	<i>(</i> 1 <i>y</i> )	
For Medical (Nonsu	raical) n	rocedures answer th	e following que	ection		For Medical (	Noneur	gical) pr	ocedures a	nswer the fall	lowing question
Check the box indic	eating the	e following items we	ere completed	Stion		Check the bo					
The manufactur			the patient						-	vided to the	patient
The patient sign									atient agree ion Curetta		
Medical (Surgio	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi		
Medical (Surgio	cal) Oth	er (Specify)				Medical	(Surgic	al) Othe	er (Specify)		
For Medical (Surgic						For Medical (	_				
	le or havo □ No	e a post fertilization	age at least 20 v	weeks?		Was the fet		le or hav ] No	e a post fei	tilization age	e at least 20 weeks?
If the previous quest		answered yes, comp	lete the following	ng questio	ons.	_			answered y	es, complete t	the following questions.
	the best No	opportunity to surviv	ve?				us giver Yes [		t opportunit	y to survive?	
		4-4	41		4						
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to
the pregnant woman	1?					the pregnan			•		•
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3
Data last married	maga l	on		Dh:-	n ootie	a of gostoti (	m 1 1	-1	Do-4.0	etilizatia	a of the fature (in
Date last normal me	_	an <b>03/2018</b>		rnysicia	an estimat	e of gestation (i	п wеек:	· <i>)</i>	Post fe	amzauon ag	e of the fetus (in weeks)  5
How were the gestat	tional age	e and post fertilization	on age determin	ed?					<u> </u>		
ULTRASOUND											
Was a waiver of cons						a waiver of not			ed?	Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physics  DR. CAROL DELL	-	rming termination									
Address of physician		ning termination (nu	mber and street	t, city, stat	te, and zip	code)					
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	6225								
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Reports for all other patients shall be submitted to the Indiana State Department of Health no later than 30 days after each termination is

periorinea.	ialiure id	ille triis report on	ume as required is a	Class B II	nisuemeanor p	per iC i	0-34-2-3	(u).		
Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	ancy tern			County of J	pregnancy termination MARION
Patient's age** 37	Marrie [	d ☐ Yes ■ No	Date of pregnancy term 07/31/20		Educa	ition		Ass	ociate Degr	ee
Race American Indiar Native Hawaiiar Live Births:	n or Othe		☐ Asian ☐ Bla ■ White ☐ Oth		can American	Unl	known er now de	■ Not	y panic or Latino Hispanic or L <b>0</b>	
Other Termination	ns: N	umber of spontaneou	is terminations			Numb	er of indu	ced term		
Dates of termination	ns (Do no	t include this termin	ation. If more than six (	6), those m	nost recent.)	1			0	
1	2	-	3		4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survived:				complica		-	nditions of the patient that may
Fetus viable?		If viable medical	reason for termination:				N/A			
Yes Yes	No	if viable, medical	reason for termination:					Compli	ication(s) of P	regnancy Termination
							■ N	one		Uterine Perforation
							□ H	emorrha	ge 🗆	Cervical Laceration
Pathological examin performed?	nation	If yes, results:				☐ In	fection		Retained Products	
Yes •	No					☐ O:	ther (Spe	ecify)		
						Did this	tamainat	ion of mroomer	and regult in a maternal death?	
						Yes	terminat N		ncy result in a maternal death?	
			Trans	a of Tormi	ination Procedu	****				
Procedure that Term	ningted D	ragnancy	1 уլ	e or remin	Additional Pr		that Tarm	ninatad E	Pragnancy	
Medical (Nonst							rgical) M			
Medical (Nonsu	urgical)	Misoprostol			☐ Medical	(Nonsur	rgical) M	isoprosto	ol	
☐ Medical (Nonsu	urgical)	Other (Specify)			☐ Medical	(Nonsur	rgical) Ot	her (Spe	cify)	
For Medical (Nonsu	rgical) pi	ocedures, answer th	e following question		For Medical (	(Nonsurg	gical) proc	edures, a	answer the foll	lowing question
Check the box indic	-	=	=						g items were c	
■ The manufactur ■ The patient sign			the patient		_		er's instruction ed the pati	-	ovided to the	patient
☐ Medical (Surgio					☐ Medical					
☐ Medical (Surgio	cal) Mer	strual Aspiration			☐ Medical	(Surgica	al) Menst	rual Asp	iration	
☐ Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgica	al) Other	(Specify,	)	
For Medical (Surgic	al) proce	dures answer the fo	llowing question		For Medical	(Surgica	I) procedu	ires ansi	wer the follow	
			age at least 20 weeks?							e at least 20 weeks?
☐ Yes [	☐ No	-			□ Y	es [	No	-		
		• •	lete the following questi	ons.	_	-		-	_	the following questions.
Was the fetus given  ☐ Yes		opportunity to survi	ve?			us given Yes 🗀		pportuni	ity to survive?	
			_			103	110			
			the pregnant woman leath or serious impairs							e pregnant woman had a th or serious impairment to
the pregnant woman					the pregnan			. occurr	. To aveit deal	or serious impuniment w
List the name of the	second d	octor present as requ	ired under IC 16-34-2-3(a	a)(3)	List the nam	e of the	second do	octor pre	sent as requi	red under IC 16-34-2-3(a)(3)
List the name of the	second d	octor present, as requ	ned under 10 10 54 2 5(1	1)(3)	Dist the nam	ic or the	second de	octor pre	sent, as requi	led under 10 10 54 2 5(a)(5)
Date last normal me	nses beg	an	Physic	ian estimat	te of gestation (i	in weeks	')	Post f	ertilization ag	ge of the fetus (in weeks)
		24/2018			9					7
How were the gestat	tional ago	e and post fertilization	on age determined?							
ULTRASOUND										
Was a waiver of cons				Was	a waiver of not			!?	☐ Yes	■ No
Is the patient seeking	an aborti	on as a result of being	any of the following?	Ab	used	☐ C	oerced		Harassed	☐ Trafficked
Full name of physic	_	rming termination								
DR. CAROL DELL		sing to	mb an ac I -	ata * *	d : \					
200 S. MERIDIAN	_	-	mber and street, city, sta 5 <b>225</b>	ue, and zip	coae)					
	J.,	02.0, 111 71								
**Date Reported	to DCS	. if Patient under	6 (month. day. year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address	590 GEORGETOWN RO.	•			town, of pregna	ıncy ter	mination	. ,	County of		termination
D-4:2			I D-/ . C		:	INDIAN		-10			MAR	ION
Patient's age** 29	Marrie [	ed Yes No	Date of pregr	07/31/20		Educa	tion			nelor's Deg	ree	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		can American	□Ur	ıknown		y anic or Latin Hispanic or I		☐ Unknown
Live Births:		umber now living	1					ber now d		0		
Other Termination	ns: N	umber of spontaneo	ous terminations				Numl	ber of ind	uced termi	nations		
Dates of termination	ns (Do no	ot include this termi	nation. If more t	han six (6	), those m	ost recent.)				0		
l	2	J	3			4		5			6	
Fetus delivered alive		If yes, length of	ime fetus surviv	ved:					y preexisting preexisting preexisting preexisting preexisting and the preexisting preexist		nditions of	the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medica	l reason for term	nination:					Compli	cation(s) of F	Pregnancy '	Termination
								<b>■</b> 1	None		] Uterine	Perforation
Pathological examir	nation	If yes, results:							Hemorrhag	_	•	l Laceration
performed?		,,							nfection Other (Spec	cifu)	] Retained	d Products
☐ Yes ■			Juici (Spe	cijy)								
				Did this			ncy result	in a maternal death?				
				T	CT.	D I			, <u> </u>			
Procedure that Term	ninated D	reonancy		Туре	oi Termi	Additional Procedu		e that Tor	minated D	regnancy		
☐ Medical (Nons									//////////////////////////////////////			
Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	irgical) N	Aisoprosto Other (Spec	1		
ivical ar (140h)	urgicar)	Other (Specify)				Wiedicai	(140Hst	ingical) C	other (Spec	.1) y )		
For Medical (Nonsu	rgical) n	rocedures answer f	he following au	estion		For Medical (	Nonsu	rgical) pro	ocedures a	nswer the fol	lowing aue	estion
Check the box indic	cating the	e following items w	ere completed			Check the bo	x indic	ating the	following	items were	completed	
☐ The manufactur☐ The patient sign		-	the patient			☐ The man ☐ The patie			actions pro itient agree		patient	
Medical (Surgi	cal) Suc	tion Curettage				☐ Medical	(Surgio	cal) Sucti	on Curetta	ıge		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi r <i>(Specify)</i>			
	ĺ	. 1				_	`		. 1			
For Medical (Surgic	nal) proce	duras angwar tha f	allowing quartic			E M-di1	(Ci-	-D	1		···	
		e a post fertilization				For Medical Was the fe				ver the follow rtilization age		
Yes	■ No	-				☐ Y	es [	No	_			
If the previous ques Was the fetus given				ng questic	ns.	-	•		•	es, complete ty to survive?		ing questions.
□Yes [	□No						Yes [		· F F · · · ·	.,		
What was the ba												t woman had a
the pregnant woman		procedure to avert	death of serious	s шранш	ent to	the pregnan			procedure	to avert dea	th or serio	ous impairment to
List the name of the	second d	octor present, as req	uired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second	doctor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)
N/A		<u> </u>				<u> </u>						
Date last normal me	_	an (18/2018		Physicia	an estimat	e of gestation (a	in week	s)	Post fe	ertilization ag	ge of the fe	tus (in weeks)
How were the gesta			on age determin	ned?							9	
ULTRASOUND			<u> </u>									
Was a waiver of cons	sent obtai	ned? Ye	es 🔳 N	No	Was	a waiver of not	tificatio	n obtaine	ed?	☐ Yes	■ No	
Is the patient seeking	an aborti	on as a result of bein	g any of the follo	owing?	☐ Abı	used		Coerced		Harassed	☐ Tra	officked
Full name of physic		rming termination										
DR. CAROL DELL Address of physicia		ning termination (n	umber and stree	t, city, sta	te, and zin	code)						
200 S. MERIDIAN	-	-			· •r							
**Date Reported	to DCS	, if Patient under	16 (month, day	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of		y termination
Patient's age**	Marrie	ed	Date of pregn	ancy term	ination	Educa	tion			-		
30		Yes No	1	07/31/20 <sup>-</sup>	18				9th-12	th, No Dipl	oma	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Blac		an American		known	■ Not I	y anic or Latin Hispanic or I		☐ Unknown
Live Births:	N	umber now living	2				Numb	er now c	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of ind	luced termi	nations 1		
Dates of termination 1. 09/2017	,	ot include this termin	•	, ,		ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin		nditions of	f the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of F	regnancy	Termination
l les 🗉	NO								None		_	Perforation
									Hemorrhag	je 🗆	] Cervica	al Laceration
Pathological examination performed?	nation	If yes, results:							Infection		] Retaine	ed Products
☐ Yes ■	No								Other (Spec	cify)		
						ncy result	in a maternal death?					
							☐ Ye	s 🔳 N	0			
				Туре	of Termi	nation Procedur	res					
Procedure that Term						Additional Pr						
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprosto			
Medical (Nons							Other (Spec					
		rocedures, answer the		estion		For Medical (						
	-	e following items we	-			Check the bo		-	_	items were ovided to the	-	Į.
☐ The manufactur		ructions provided to tient agreement	tne patient						atient agree		patient	
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi er (Specify)			
	cur) our	or (specify)				Micalcar	(Burgie	ui) ouic	л (Бресцу)			
		edures, answer the fo				For Medical (						
	e or nav	e a post fertilization	age at least 20	weeks?			tus viab		e a post iei	tilization ag	e at least 2	:0 weeks?
		answered yes, compl		ng questio	ns.	If the previou	ıs questi	on was a	nswered y	es, complete	the follow	ving questions.
	n the best □No	opportunity to surviv	ve?				us given Yes 🛭		opportunit	y to survive	<u>'</u>	
	_	determination that	the program	women 1	ad a			_	1.4	العدادة الماريين العدادة الماريين		
		determination that procedure to avert of										nt woman had a ous impairment to
the pregnant woman	n?					the pregnan	t womai	n?				_
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)
N/A				1		<u> </u>						
Date last normal me	_	an <b>25/2018</b>		Physicia	an estimat	e of gestation (i	in weeks	i)	Post fe	ertilization ag	ge of the fe	etus (in weeks)
How were the gesta		e and post fertilization	on age determin	led?								
ULTRASOUND												
Was a waiver of cons	sent obtai	ned?	s • N	No	Was	a waiver of not	ification	n obtaine	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being			☐ Abı	ısed	□ C	oerced		Harassed		rafficked
Full name of physic	ian perfo	rming termination								<del></del>		
DR. CAROL DELL		ning torribed	b 1	4 ale: 1 :	toJ ·	0040						
200 S. MERIDIAN	-	ning termination (num		ı, cıty, stat	e, and zip	coae)						
dish. To		icp										
**Date Reported	to DCS	s, if Patient under 1	l 6 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination  MARION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion				
36		Yes No	(	07/31/201	18					ollege, No D	Degree
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American		known	■ Not I	/ anic or Latino Hispanic or La	
Live Births:	N	umber now living	2				Numb	er now d	eceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of indu	iced termi	nations 3	
Dates of termination 2013		t include this termin 2012	ation. If more th			ost recent.) 4. UNKNOWN	l	5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					preexistin	-	nditions of the patient that ma
								N/A			
Fetus viable?	NT.	If viable, medical	reason for term	ination:				-	Compli	ration(s) of P	regnancy Termination
☐ Yes ■	No							■ N	Vone		Uterine Perforation
								_	Temorrhag		Cervical Laceration
Pathological examin performed?	nation	If yes, results:						☐ I	nfection		Retained Products
Yes •	No								Other (Spec	cify)	
			Did this	termination	on of pregnar	ncy result in a maternal dea					
						☐ Yes					
				Туре	of Termi	nation Procedu	res				
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	e that Ten	minated Pi	regnancy	
Medical (Nonsi									lifepriston		
Medical (Nonsi									lisoprostol ther (Spec		
\	,	. 1						,			
For Medical (Nonsu	rgical) n	rocedures answer th	e following que	estion		For Medical (	Nonsur	rgical) pro	cedures a	nswer the foll	lowing question
Check the box indic				Stion		Check the bo					
		uctions provided to	the patient						_	vided to the	patient
The patient sign  Medical (Surgion									tient agree on Curetta		
Medical (Surgi	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Mens	trual Aspi		
☐ Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Other	(Specify)		
For Medical (Surgic	al) proce	dures, answer the fo	llowing questio	n.		For Medical	(Surgica	al) proced	ures, answ	er the follow	ring question.
		e a post fertilization	age at least 20 v	weeks?					e a post fer	tilization age	at least 20 weeks?
☐ Yes ☐ If the previous quest	☐ No tion was	answered ves comp	lete the followi	ng questio	ns	If the previou		☐ No ion was a	nswered v	es complete t	the following questions.
		opportunity to surviv		ng questro	110.	-	•			y to survive?	• .
□Yes [	No						Yes [	No			
		determination that									e pregnant woman had a
the pregnant woman		procedure to avert of	leath or serious	impairme	ent to	condition the pregnan			procedure	to avert deat	th or serious impairment to
						F - 5-31					
List the control of	aacc 1.1	actor re	imad J 10.10	24.2.20	(2)	1:-4:1	0 c f 11		la at-	ont	rod under IC 16 24 2 20 2
List the name of the	second d	octor present, as requi	nea unaer IC 16	-34-2-3(a)	(3)	List the nam	e of the	second o	octor pres	sent, as requii	red under IC 16-34-2-3(a)(
Date last normal me	enses beg	an		Physicia	ın estimat	e of gestation (i	n weeks	5)	Post fe	rtilization age	e of the fetus (in weeks)
	05/	17/2018				9					7
How were the gestar	tional ago	e and post fertilization	on age determin	ed?							
ULTRASOUND					T						
Was a waiver of cons						a waiver of not			d?	Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	isea		Coerced	L	Harassed	Trafficked
Full name of physic DR. CAROL DELL	_	rming termination									
Address of physicia		ning termination (nu	mber and street	t, city, stat	e, and zip	code)					
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	6225								
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of	pregnancy te	
Patient's age**	Marrie	ed.	Date of pregn	ancy term	ination	Educa	tion					
27	_	Yes No		07/31/20 <sup>-</sup>	18				9th-12	th, No Dipl	oma	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Blac ■ Othe		an American		known	Not I	y anic or Latin Hispanic or L		Unknown
Live Births:	N	umber now living	1				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of ind	uced termi	nations 1		
Dates of termination  1. UNKNOWN		ot include this termin	ation. If more t					5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin		nditions of the	e patient that may
								N/A				
Fetus viable?	N.	If viable, medical	reason for term	ination:					Compli	cation(s) of P	Pregnancy Te	ermination
☐ Yes ■	No								None		Uterine Pe	
								_	Hemorrhag	_	Cervical L	
Pathological examination performed?	nation	If yes, results:							Infection		Retained P	Products
Yes •	No								Other (Spec	cify)		
									ncy result in	a maternal death?		
		<u> </u>				☐ Ye	s 🖪 N	0				
				Туре	of Termi	nation Procedur	res					
Procedure that Term						Additional Pr				•		
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprosto			
Medical (Nons									Other (Spec			
		rocedures, answer th		estion		For Medical (	`	_ , 1			0 1	ion
	-	e following items we ructions provided to	_			Check the bo		_	_	items were ovided to the	-	
☐ The patient sign			the patient						tient agree			
Medical (Surgi									ion Curetta			
Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi r ( <i>Specify</i> )			
F M-J:1 (S:	1)	J	11			F 16 E 16	(G :	1)	1	4 6 11		
		edures, answer the for e a post fertilization				For Medical ( Was the fet					ving question e at least 20 v	
☐ Yes	■ No					□ Y	es [	No				
		answered yes, comportunity to surviv		ng questio	ons.	If the previou	_		-	es, complete by to survive?		g questions.
	□ No	opportunity to survi	vc:				us givei Yes [		оррогинн	y to survive?		
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the ba	sis for	determinat	tion that the	e pregnant	woman had a
condition that requ the pregnant woman		procedure to avert of	death or serious	s impairm	ent to	condition th	hat requ	ired the				s impairment to
and prognam would	-4.					the pregnan	ı womai	11.1				
									_			
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	o-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC	C 16-34-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in weeks	s)	Post fe	rtilization ag	ge of the fetus	s (in weeks)
	06/	05/2018				6					4	, 
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
Ļ		10			337			14.1	10			
Was a waiver of cons Is the patient seeking					Was ☐ Abı	a waiver of not		n obtaine Coerced	ed?	☐ Yes Harassed	■ No  □ Traffi	icked
Full name of physic			,, 01 010 10110		A00					110100000		
DR. CAROL DELL	-	mme willinguon										
	-	ming termination (nu		t, city, stat	te, and zip	code)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	0225									
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	, year):						_		

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Facility Name and A	Address	90 GEORGETOWN ROA	•			town, of pregna	ncy ter	mination	-	County of p	oregnancy terr	
Patient's age**	Marrie	d	Date of pregna	ncy term	ination	Educa	tion					
19		Yes No	0	7/27/201	18			Hi		ol Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American	☐ Ur	ıknown		7 anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	1				Numl	ber now de	eceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numl	ber of indu	iced termi	nations 0		
Dates of termination	ns (Do no	t include this termin	nation. If more the	an six (6 <sub>)</sub>	), those m	ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus survive	d:					preexistin ate the abo		ditions of the J	patient that may
E		TC : 11						N/A				
Fetus viable?  Yes	No	If viable, medical	reason for termin	nation:				-	Complia	cation(s) of P	regnancy Terr	nination
								_	lone Iemorrhag	_	Uterine Perf Cervical La	
Pathological examin	nation	If yes, results:							remorrnag rfection	е <u> </u>	Retained Pro	
performed?  Yes	No								ther (Spec	_		
								Did this	termination	on of pregner	ncy result in a	maternal death?
								Yes			ecy result iii a	
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedur	e that Terr	ninated Pi	regnancy		
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>								ırgical) M ırgical) M				
Medical (Nons								rgical) O				
For Medical (Nonsu	_ , 1		O 1	tion							owing questio	n
Check the box indice.  The manufacture.		uctions provided to	_			Check the bo		-	_	vided to the	•	
■ The patient sign	ed the par	tient agreement	F			☐ The patie	ent sign	ned the pat	tient agree	ment		
☐ Medical (Surgi ☐ Medical (Surgi		tion Curettage estrual Aspiration				☐ Medical ☐ Medical		cal) Suctional) Mens				
Medical (Surgi						☐ Medical	(Surgio	cal) Other	(Specify)			
For Medical (Surgio	cal) proce	dures, answer the fo	llowing question	1.		For Medical	(Surgic	al) proced	ures, answ	er the follow	ing question.	
		e a post fertilization	age at least 20 w	eeks?					a post fer	tilization age	at least 20 we	eeks?
Yes If the previous ques	_	answered yes, comp	lete the following	g questio	ns.		'es [ is quest		nswered ye	es, complete	the following	questions.
	the best	opportunity to survi	ve?				us givei Yes [		opportunit	y to survive?		
		determination that	the pregnant v	voman k	nad a			<del></del>		: d d		1.1.
	iired the	procedure to avert					hat requ	uired the p				roman had a mpairment to
List the name of the	second de	octor present, as requ	ired under IC 16-	34-2-3(a)	(3)	List the nam	e of the	e second d	octor pres	sent, as requi	ed under IC 1	16-34-2-3(a)(3)
Date last normal me	-	an <b>29/2018</b>		Physicia	ın estimat	e of gestation (i	in week	s)	Post fe	rtilization ag	e of the fetus (	in weeks)
How were the gesta			on age determine	d?		<u> </u>					<u> </u>	
ULTRASOUND					•							
Was a waiver of cons  Is the patient seeking						a waiver of not			d?	Yes	■ No	Irad
Full name of physic			5 any of the follow	villg!	☐ Abı	19CU	П (	Coerced	L	Harassed	☐ Traffic	XCU
DR. CAROL DELL	INGER											
Address of physicia 200 S. MERIDIAN	-	-		city, stat	e, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year): _								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregn	ancy ter			County of p	regnancy termination MARION
Patient's age** 17	Marrie [	d ☐ Yes ■ No	Date of pregn	ancy term 07/27/20		Educ	ation		9th-12	th, No Diplo	ma
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		nknown [	■ Not I	y anic or Latino Hispanic or La	
Live Births:		umber now living	0					ber now deco		0	_
Other Termination	15.	umber of spontaneou	0				Numb	ber of induce	ed termi	nations <b>0</b>	
Dates of termination	ns (Do no	ot include this termin	•	han six (6	), those m	ost recent.)		_			
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:		4		List any process complicate			ditions of the patient that may
Fetus viable?		Tf-:Ll J:l		·				N/A			
Yes Yes	No	If viable, medical	reason for term	ination:				■ Noi	ne		regnancy Termination  Uterine Perforation
Pathological examin	nation	If yes, results:							morrhag ection	e $\Box$	Cervical Laceration Retained Products
performed?	No								ner (Spec	_	1104400
						Did this te	erminatio		cy result in a maternal death?		
				nation Proced	ıres	•					
Procedure that Term	ninated P	regnancy		- 1100		Additional I		e that Termi	nated Pr	regnancy	
Medical (Nonsi	urgical)	Misoprostol			☐ Medica	l (Nonsu	rgical) Mif	oprostol	l		
Medical (Nonsi	urgical)	Other (Specify)				☐ Medica	l (Nonsu	ırgical) Oth	er ( <i>Spec</i>	rify)	
For Medical (Nonsu Check the box indic	cating the		ere completed	estion		Check the b	ox indic	ating the fol	llowing	nswer the follo items were co	_
The patient sign								ned the patie			
Medical (Surgion Medica	cal) Mer	nstrual Aspiration				☐ Medica	l (Surgic	cal) Suction cal) Menstrucal) Other (S	ıal Aspi	ration	
For Medical (Surgic			• .							ver the followi	- 1
	le or nav	e a post fertilization	age at least 20 v	weeks?				le or nave a  ☐ No	post ter	tilization age	at least 20 weeks?
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ng questio	ons.	Was the fe	-	n the best op	-	es, complete they to survive?	he following questions.
	ired the	determination that procedure to avert of					that requ	uired the pro			pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nar	ne of the	e second doo	ctor pres	sent, as require	ed under IC 16-34-2-3(a)(3)
Date last normal me	-	an 12/2018		Physicia	an estimat	e of gestation  6	(in week.	s)	Post fe	ertilization age	e of the fetus (in weeks) 4
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?							
Was a waiver of cons						a waiver of no				Yes	■ No
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CAROL DELL	-	rming termination									
Address of physician 200 S. MERIDIAN	-	-		, city, sta	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of	pregnancy terr	
Patient's age**	Marrie		Date of pregn	ancy term	ination	Educa	tion			1		
23		Yes No		07/27/20 <sup>2</sup>					Some Co	ollege, No I	Degree	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an American	☐ Un	known		y anic or Latin Hispanic or L		Unknown
Live Births:	N	umber now living	0				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of ind	uced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)						
1	2	L	3			4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of the	patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	unation:					Compli	cation(s) of P	regnancy Teri	mination
	110							•	None		Uterine Per	foration
D. 1. 1. 1. 1. 1.		70 1							Hemorrhag	je 🗆	Cervical La	ceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained Pr	oducts
☐ Yes ■	No								Other (Spec	cify)		
									ncy result in a	maternal death?		
		<u> </u>				☐ Ye	s 🔳 N	0				
				Type	of Termi	nation Procedur						
Procedure that Term						Additional Pr				•		
Medical (Nonsi									Mifepriston Misoprosto			
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)		
For Medical (Nonsu	ırgical) n	rocedures, answer th	e following aus	estion		For Medical (	Nonsur	gical) nro	ocedures a	nswer the fol	lowing questic	nn
		e following items we		Stron		Check the bo	x indic	ating the	following	items were o	completed	
		ructions provided to	the patient						uctions pro atient agree	vided to the	patient	
The patient sign  Medical (Surgi									ion Curetta			
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration		
Medical (Surgi	cal) Oth	er (Specify)				Medical	(Surgic	al) Othe	r (Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questic	n.		For Medical	(Surgica	al) proce	dures, answ	ver the follow	ving question.	
		e a post fertilization	age at least 20	weeks?			tus viab 'es [		e a post fer	rtilization age	e at least 20 w	eeks?
	☐ No tion was	answered yes, comp	lete the following	ng questio	ns.	If the previou	_	_	inswered y	es, complete	the following	questions.
Was the fetus given	n the best	opportunity to surviv				Was the fett	us give <u>r</u>	the best	-	y to survive?	_	•
	□No						Yes L	」 No				
		determination that procedure to avert of										voman had a
the pregnant woman		procedure to avert	acum of serious	, impairin	ciit to	the pregnan			procedure	to avert dea	ui oi serious	impairment to
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC	16-34-2-3(a)(3)
Date last normal me	anges har			Physicia	an estimat	e of gestation (i	in west-	e)	Dogt fo	ertilization co	ge of the fetus	(in weeks)
Date last normal me	_	an <b>03/2018</b>		1 mysicia	an CStillidl	<b>8</b>	n week!	• /	rost le	aunzanon ag	6	(iii weeks)
_	tional ag	e and post fertilization	on age determin	ed?					1			
ULTRASOUND												
Was a waiver of cons					Was	a waiver of not	tificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking			any of the follo	owing?	☐ Abı	ısed		oerced		Harassed	☐ Traffic	ked
Full name of physic DR. CAROL DELL	-	rming termination										
		ning termination (nu	mber and stree	t, city, stat	te, and zip	code)						
200 S. MERIDIAN	-	=			. ~r							
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	oregnancy teri	
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educa	tion					
33	_	Yes No	(	07/27/20 <sup>-</sup>	18					ociate Degre	ee	
Race American Indiar Native Hawaiiar	or Othe	er Pacific Islander	Asian White	☐ Blac		an American		known	■ Not I	y anic or Latino Hispanic or La		Unknown
Live Births:	N	umber now living	2						leceased	0		
Other Termination	ns:	umber of spontaneou	us terminations 2				Numb	er of ind	luced termi	nations 3		
Dates of termination		ot include this termin 2016	ation. If more th			ost recent.) 4. <b>2017</b>		5	UNKNOW	'N	6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					y preexistin		ditions of the	patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Complie	cation(s) of Pr	regnancy Teri	mination
	110							•	None		Uterine Per	
Dath alogical avenin	otion	If you regulter							Hemorrhag	e 🗆	Cervical La	ceration
Pathological examin performed?	iation	If yes, results:							Infection		Retained Pr	oducts
☐ Yes ■	No							ш	Other (Spec	cify)		
			Did thi ☐ Ye			ncy result in a	maternal death?					
				nation DecJ	ros							
Procedure that Term	ninated D	regnancy		1 ype	or rermi	nation Procedur  Additional Pr		that Te	rminated D	regnancy		
Medical (Nonst									Mifepriston	•		
Medical (Nonsu	urgical)	Misoprostol			☐ Medical	(Nonsu	rgical) N	Misoprosto Other (Spec	l			
Wedical (Nolls)	uigicai)	Other (Specify)		iviedicai	(INOIISU	igicai) (	Julei (Spec	<i>(1)</i> (1)				
For Medical (Nonsu	rgical) n	rocedures, answer the	e following ane	estion		For Medical (	Nonsur	gical) pro	ocedures a	nswer the foll	owing questic	nn
Check the box indic	eating the	e following items we	ere completed			Check the bo	x indica	ating the	following	items were c	ompleted	
The manufactur  The patient sign		ructions provided to	the patient						uctions pro atient agree	wided to the property	patient	
☐ Medical (Surgio	cal) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge		
☐ Medical (Surgion Med		nstrual Aspiration							strual Aspi er (Specify)	ration		
i wicarcar (Burgi	car) Our	ы (Бресцу)				Wiedicar	(Surgic	ar) Ouic	л (Бресіју)			
		- <u>-</u>										
		edures, answer the for e a post fertilization				For Medical (					ing question. at least 20 w	
	□ No	s a post fertilization a	age at least 20 v	WCCKS!		was the le		No	e a post lei	itilization age	at least 20 w	cers:
		answered yes, compl		ng questio	ns.	If the previou	-					questions.
	the best ☐No	opportunity to surviv	ve?				us given Yes 🔲		opportunit	ty to survive?		
What was the ba	sis for	determination that	the pregnant	woman ł	nad a	What was	the ha	eie for	determinat	tion that the	nregnant u	voman had a
condition that requ	ired the	procedure to avert of				condition tl	hat requ	ired the				impairment to
the pregnant woman	1!					the pregnan	t womai	1?				
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC	16-34-2-3(a)(3)
Date last normal me	nses beg	an		Physicia	an estimat	e of gestation (i	in weeks	s)	Post fe	rtilization age	e of the fetus	(in weeks)
	UNI	KNOWN		_		9					7	
How were the gestat  ULTRASOUND	tional age	e and post fertilization	on age determin	ed?								
Was a waiver of cons	ent obtain	ned?	s 🔳 N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abı	ısed	□ C	oerced		Harassed	☐ Traffic	ked
Full name of physics  DR. CAROL DELL	-	rming termination										
		ning termination (num	mber and street	t, city, stat	te, and zip	code)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	6225									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of preg	nancy ter			County of p	pregnancy termination MARION
Patient's age** 25	Marrie	rd ☐ Yes ■ No	Date of pregna	ancy term 07/27/20		Edu	ation			ollege, No D	)egree
Race American India			☐ Asian ☐ White	☐ Blac		an American	□ 11.			anic or Latino	
Live Births:		umber now living	white	• Othe	er			ber now dec		Hispanic or La	atino Unknown
Other Termination	ns:	umber of spontaneou	us terminations 0				Numl	ber of induc	ed termi		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	nan six (6	), those m	ost recent.)	1				4
Fetus delivered alive		If yes, length of ti		ed:		4.		List any p			nditions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				N/A			
Yes Yes	No	ii viuote, medicui	reason for term	inution.				■ No	one		regnancy Termination  Uterine Perforation
Pathological examin	nation	If yes, results:							emorrhag fection	e 📙	Cervical Laceration Retained Products
performed?  Yes	No							Ot	her (Spec	cify)	
						Did this t	erminatio		ncy result in a maternal death?		
		1		ures			-				
Procedure that Term	ninated P	regnancy		Additional		e that Term	inated Pi	regnancy			
Medical (Nonsi	urgical)	Misoprostol		☐ Medic	ıl (Nonsu	ırgical) Mi ırgical) Mi ırgical) Otl	soprosto!	[			
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)         For Medical (Nonsurgical) procedures, answer the following question       For Medical (Nonsurgical) procedures, answer the following         Check the box indicating the following items were completed       Check the box indicating the following items were completed         The manufacturer's instructions provided to the patient       ☐ The manufacturer's instructions provided to the patient         The patient signed the patient agreement       ☐ The patient signed the patient agreement										completed	
☐ Medical (Surgi ☐ Medical (Surgi ☐ Medical (Surgi	cal) Mei	nstrual Aspiration				☐ Medic	ıl (Surgio	cal) Suction cal) Menstr cal) Other (	ual Aspi		
Was the fetus viab		edures, answer the fo				Was the	etus viab				ving question. e at least 20 weeks?
	the best	answered yes, compoportunity to surviv		ng questic	ons.	Was the f	-	n the best o	-	es, complete t y to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	uired the pr			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	)(3)	List the na	ne of the	e second do	ctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>20/2018</b>		Physicia	an estimat	e of gestation 9	(in week	es)	Post fe	rtilization age	e of the fetus (in weeks) 7
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?							
Was a waiver of cons		1 1 60				a waiver of n				Yes	■ No
Is the patient seeking Full name of physic			any of the follo	wing'?	☐ Abı	ised		Coerced		Harassed	☐ Trafficked
DR. CAROL DELL	INGER										
Address of physicia 200 S. MERIDIAN	-	ning termination (nu.		, city, stai	te, and zip	code)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):							

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROAI	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna		Some College, No Degree    Ethnicity				
Patient's age**	Marrie	ed	Date of pregn	ancy term	ination	Educa	tion					
26		Yes No	. (	07/27/201	18				Some Co	ollege, No D	Degree	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ White	■ Blac		an American	_		Hispa	anic or Latino		
Live Births:	N	umber now living	2				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi			
Dates of termination 2014		ot include this termin				ost recent.)		5			6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:						-	nditions of the patient that may	
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination	
	INU							•	_	_		
									Hemorrhag	ge 🔲	Cervical Laceration	
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal death?	
								☐ Ye	s 🔳 N	0		
				Туре	of Termi	nation Procedur	res					
Procedure that Term												
☐ Medical (Nonsi												
Medical (Nons												
		rocedures, answer the		estion								
	-	e following items we	•					_	_		_	
The patient sign		ructions provided to tient agreement	tne patient						-		patient	
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ıge		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)										
Micalcur (Surgi	cui) oui	or (specify)				Micalcar	(Burgie	ur) ouic	л (Бресцу)			
, -		edures, answer the fo	• 1				-					
	le or have	e a post fertilization	age at least 20 v	weeks?		Was the fet			e a post fei	rtilization age	at least 20 weeks?	
If the previous ques	tion was	answered yes, compl		ng questio	ns.	If the previou			answered y	es, complete	the following questions.	
	n the best ☐ No	opportunity to surviv	ve?						t opportunit	ty to survive?		
	_	J	41-									
		determination that procedure to avert of										
the pregnant woman						the pregnan					1	
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
N/A												
Date last normal me	_	an /31/2018		Physicia	ın estimat	e of gestation (i	n weeks	:)	Post fe	ertilization ag		
How were the gestar		e and post fertilization	n age determin	ed?		U						
ULTRASOUND	· ''	- P										
Was a waiver of cons	sent obtain	ned?	: I N	Jo	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No	
		on as a result of being			☐ Abı			oerced		Harassed	☐ Trafficked	
Full name of physic												
DR. CAROL DELL												
Address of physicia 200 S. MERIDIAN	-	ming termination (num		t, city, stat	e, and zip	code)						
	,											
**Date Reported	to DCS	s, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna		High School Diploma or GED    Ethnicity				
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educa	tion					
26		Yes No	(	07/27/201	18			ŀ			or GED	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_		Hispa	anic or Latino		
Live Births:	N	umber now living	2				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi			
Dates of termination	ns (Do no	ot include this termin	ation. If more th	han six (6,	), those m	ost recent.)						
1	2	L				4		5			6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:						-	nditions of the patient that may	
F 4		TC : 11 1: 1	C	••				N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	imation:					Compli	cation(s) of P	regnancy Termination	
									None		Uterine Perforation	
Dath de si sel seconio		16							Hemorrhag	ge 🗆	Cervical Laceration	
Pathological examir performed?	nation	If yes, results:						_			Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal death?	
								∐ Ye	s 🔳 N	0		
				Туре	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated P	regnancy		
<ul><li>Medical (Nons)</li><li>Medical (Nons)</li></ul>												
Medical (Nons												
For Medical (Nonsu	ırgical) pı	rocedures, answer the	e following que	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the foll	owing question	
		e following items we				Check the bo	x indica	ating the	following	items were c	ompleted	
The manufactur  The patient sign		ructions provided to	the patient						-	-	patient	
Medical (Surgi												
Medical (Surgi	ical) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi			
Medical (Surgi	ical) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questio	n.		For Medical (	Surgica	ıl) proce	dures, answ	ver the follow	ring question.	
		e a post fertilization	age at least 20 v	weeks?					e a post fer	rtilization age	at least 20 weeks?	
	☐ No	answered yes, compl	lete the followi	ng questio	ns	If the previou			nswered v	es complete t	the following questions	
		opportunity to surviv		ng questro	110.	1	•				• •	
□Yes [	□No									-		
		determination that										
the pregnant woman		procedure to avert d	leath or serious	s impairme	ent to	condition the			procedure	to avert deat	h or serious impairment to	
F - 6						ane pregnan	. wonidi	••				
									_			
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	enses hea	an		Physicis	n estimat	e of gestation (i	n wook	;)	Post fe	rtilization age	e of the fetus (in weeks)	
Zaro mor normai inc	-	31/2018		1 11 9 51016	Journal	<b>7</b>	weens	1	1 031 10	agi		
How were the gesta	tional ago	e and post fertilization	on age determin	ed?					II.			
ULTRASOUND												
Was a waiver of cons					Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abı	ısed	□ C	oerced		Harassed	☐ Trafficked	
Full name of physic	_	rming termination										
DR. CAROL DELL		ning termination (num	mher and street	t city stat	e and sin	code)						
200 S. MERIDIAN	-	=		, cuy, sial	с, ана хір	coue)						
		· · ·										
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address	590 GEORGETOWN ROA	·			town, of pregna	ncy teri	mination		County of	-	ey termination
Patient's age**	Marrie		Date of pregn	ancy term	ination	Educa	tion			•		
18		Yes No		07/27/20 <sup>-</sup>	18			Н		ol Diploma	or GEI	)
Race American Indian Native Hawaiian	n or Othe	ka Native r Pacific Islander umber now living	Asian White	■ Blac		an American		known ber now d	■ Not I	y anic or Latin Hispanic or I		☐ Unknown
Live Births:			0							0		
Other Termination	15.	umber of spontaneo	0				Numb	oer of ind	uced termi	nations <b>0</b>		
Dates of termination	ns ( <i>Do no</i>		3		), those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of t	ime fetus surviv	red:					preexisting preexi		nditions o	of the patient that may
E 4 : 11.9		TC 1.11 111	C					N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:				-	Compli	cation(s) of F	regnanc	y Termination
Pathological examir performed?		If yes, results:						_ I	None Hemorrhag nfection Other (Spec	ge [	] Cervio	e Perforation cal Laceration ed Products
								Did this			ncy resul	t in a maternal death?
				Type	of Termi	nation Procedur	res	, <del></del>				
Procedure that Term	ninated P	regnancy		1 ypc	OI IVIIII	Additional Pr		e that Ter	minated P	regnancy		
Medical (Nonsi	urgical) l	Mifepristone Misoprostol				☐ Medical	(Nonsu	rgical) N	Mifepriston Misoprosto Other (Spec	l		
For Medical (Nonsu Check the box indicent of the manufacturent of the ma	eating the rer's instr ed the pat cal) Suct cal) Mer	e following items w ructions provided to tient agreement tion Curettage nstrual Aspiration	estion		☐ The patie	x indicature ufacture ent sign (Surgic (Surgic	er's instrumed the parally Suctional Mens	following actions pro- tient agree	items were ovided to the ement age ration	complete		
☐ Yes  If the previous ques  Was the fetus given	le or have No tion was	e a post fertilization answered yes, comp	age at least 20	weeks?	ons.	If the previou  Was the fett	tus viab es [ s questi	le or have No ion was a	e a post fer	rtilization ag	e at least	
What was the ba condition that requ the pregnant woman	ired the						nat requ	ired the				ant woman had a ious impairment to
List the name of the <b>N/A</b>	second de	octor present, as requ	uired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second o	doctor pres	sent, as requi	red unde	er IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>25/2018</b>		Physicia	an estimat	e of gestation (i	n weeks	s)	Post fe	ertilization ag	ge of the	fetus (in weeks)
How were the gesta ULTRASOUND	tional age	e and post fertilizati	on age determin	ed?					1			
Was a waiver of cons			Was	a waiver of not			d?	☐ Yes	■ N			
Is the patient seeking			g any of the follo	☐ Abı	ısed		Coerced		Harassed	□ T	rafficked	
Full name of physic DR. CAROL DELL		rming termination										
Address of physicia 200 S. MERIDIAN	-	=		t, city, stai	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna		Bachelor's Degree    Ethnicity			
Patient's age**	Marrie	ed	Date of pregn	ancy term	ination	Educa	tion				
42	[	Yes No	(	07/27/20 <sup>-</sup>	18						ee
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_		Hispa	anic or Latino	
Live Births:	N	umber now living	3								
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	per of inc	luced termi		
Dates of termination  1. 2016	,	ot include this termin	v	, ,		*		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:						-	nditions of the patient that may
Fetus viable?		Tf-:-kl dil	£	·				N/A			
Yes •	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination
								•	None		
Pathological examir	nation	If yes, results:								e 🗆	•
performed?		ii yes, resuits.								.:G.)	Retained Products
☐ Yes ■	No								Other (Spec	cify)	
								Did thi	s termination		ncy result in a maternal death
				Type	of Termi	nation Procedur	res				
Procedure that Term	ninated P	regnancv		1 ypc	01 1011111			e that Te	rminated Pr	regnancv	
☐ Medical (Nons	urgical)	Mifepristone				☐ Medical	(Nonsu	rgical) l	Mifepriston	e	
☐ Medical (Nons) ☐ Medical (Nons)											
	uigivai)	other (specify)					(1 (01150	g.vui)	outer (spec	977	
For Medical (Nonsu	raical) n	rocedures, answer th	e following que	ection		For Medical (	Noneur	raical) pr	ocedures a	nswer the foll	lowing question
		e following items we		250011							
_		ructions provided to	the patient						_		patient
The patient sign  Medical (Surgi											
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi		
Medical (Surgi	ical) Oth	er (Specify)				Medical	(Surgic	al) Othe	er (Specify)		
		edures, answer the fo									
	le or have	e a post fertilization	age at least 20 v	weeks?		Was the fet			e a post fer	tilization age	at least 20 weeks?
	_	answered yes, comp	lete the following	ng questio	ns.	_			answered y	es, complete t	the following questions.
	n the best ☐ No	opportunity to surviv	ve?						t opportunit	y to survive?	
	_				,						
		determination that procedure to avert of									
the pregnant woman	n?					the pregnan			-		•
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
N/A	1			Di · ·				-1	D · c		
Date last normal me	_	an <b>06/2018</b>		Physicia	ın estimat	e of gestation (i	n weeks	5)	Post fe	runzation age	
How were the gesta	tional age	e and post fertilization	on age determin	ed?							
ULTRASOUND											
Was a waiver of cons					Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	Trafficked
Full name of physic DR. CAROL DELL	_	rming termination									
		ning termination (nu	mber and street	t, city, stat	e, and zip	code)					
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 46	6225								
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_	

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Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROAI	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna		High School Diploma or GED    Ethnicity				
Patient's age**	Marrie	ed .	Date of pregn	ancy term	ination	Educat	tion					
20	_	☐ Yes ■ No	(	07/27/201	18			ŀ			or GED	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Blac		an American	_		Hisp  Not	anic or Latino		
Live Births:	N	umber now living	0				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi			
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6,	), those m	ost recent.)						
1	2	2				4		5			6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:						-	ditions of the patient that may	
F ( 110		XC : 11	<u> </u>					N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination	
	110							•	None		Uterine Perforation	
									Hemorrhag	ge 🗆	Cervical Laceration	
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products	
-	No								Other (Spe	cify)		
											ncy result in a maternal death?	
		<u> </u>						⊔ Ye	es 😃 N	0		
				Type	of Termi	nation Procedur						
Procedure that Term										•		
☐ Medical (Nonsi												
Medical (Nons												
For Medical (Nonsu	ırgical) pı	rocedures, answer the	e following que	estion								
		e following items we	_									
The manufactur		ructions provided to tient agreement	the patient						-		patient	
Medical (Surgi						☐ Medical	(Surgic	al) Suct	ion Curetta	ige		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration										
- Wiedicai (Surgi	icai) Oili	ст (вресіду)				Wiedicar	(Burgie	ai) Ouic	л (Бресцу)			
		edures, answer the fo										
	le or have	e a post fertilization	age at least 20 v	weeks?		Was the fet			e a post fe	rtilization age	at least 20 weeks?	
	_	answered yes, compl	lete the following	ng questio	ns.	_			answered y	es, complete	the following questions.	
		opportunity to surviv	ve?						topportuni	ty to survive?		
	□No					' '	res L	⊔ INO				
		determination that procedure to avert of										
the pregnant woman				1		the pregnant			p. cooduit	aron doar	octions impunition to	
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)	
N/A						<u> </u>						
Date last normal me	_			Physicia	n estimat	e of gestation (i	n weeks	s)	Post fe	ertilization ag		
How were the gesta:		KNOWN  e and post fertilization	n age determin	ed?		12					10	
ULTRASOUND	45	poor restinizatio										
Was a waiver of cons	sent obtain	ned?	; I N	Jo	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No	
		on as a result of being			☐ Abı							
Full name of physic												
DR. CAROL DELL												
Address of physicia 200 S. MERIDIAN	-	ning termination (num		t, city, stat	e, and zip	code)						
**Date Reported	to DCS	s, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Patient's age**   Married   Yes   No   Date of pregnancy termination   Education   Bachelor's Degree   Stancin's age**   Married   Yes   No   Date of pregnancy termination   Education   Education   Bachelor's Degree   Stancin's age**   Market   Market   Yes   No   Orther Pacific Island*   Market   Market   Market   Market   Market   Note   N							pregnancy termination  MARION					
_				•		Е	ducation	n		Bach	ielor's Degi	ree
☐ American India			Asian	■ Blac	k or Afric	an America				☐ Hispa	anic or Latin	
				Othe	er			_				atino Unknown
	ns: N	umber of spontaneou					N	Number	r of indu	ced termi	nations	
Dates of termination		ot include this termin	ation. If more th	an six (6	), those m	ost recent.)	)				1	
1.	2					4			5	nragyistin	a modical con	6
		ii yes, iengin oi ti	me ieius survive	eu:					-		-	iditions of the patient that may
									N/A			
	No	If viable, medical	reason for termi	nation:					-	Complic	cation(s) of P	Pregnancy Termination
												Uterine Perforation
	nation	If yes, results:							_	Ü		Cervical Laceration Retained Products
l *	No											
												ncy result in a maternal death?
		1		Type	of Termi	nation Proc	cedures	·				
Procedure that Term	ninated P	regnancy		- 7 F					that Tern	ninated Pr	regnancy	
				stion								
_			the patient			_				-		patient
☐ Medical (Surgi	cal) Suc	tion Curettage				☐ Med	dical (S	urgical	l) Suctio	n Curetta	ge	
For Medical (Surgio	al) proce	edures, answer the fo	llowing question	1.		For Med	ical (Su	ırgical)	) procedu	ires, answ	ver the follow	ving question.
		e a post fertilization	age at least 20 w	eeks?						a post fer	rtilization age	e at least 20 weeks?
If the previous ques	tion was			g questic	ons.	If the pre	evious q	questio	n was an	•		• .
		opportunity to survi	ve?							pportunit	ty to survive?	
		procedure to avert of	leath or serious	ımpaırm	ent to					rocedure	to avert dear	th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	0(3)	List the	name o	of the s	econd do	octor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	nses beg	an		Physicia	an estimate	e of gestati	on (in v	weeks)		Post fe	rtilization ag	ge of the fetus (in weeks)
How were the gesta:		03/2018 e and post fertilization	on age determine	ed?		7						5
ULTRASOUND		o una post returnation	on age determine									
	Was a waiver of consent obtained?  Yes No  Is the patient seeking an abortion as a result of being any of the following?								obtained		Yes	■ No
			any of the follo	wing?	☐ Abı	ised		Coe	erced		Harassed	☐ Trafficked
Full name of physic DR. CAROL DELL	-	orming termination										
Address of physicia 200 S. MERIDIAN	-	ming termination (nu		city, sta	te, and zip	code)						
200 O. MERIDIAN	J., 114L											
**Date Reported	to DCS	s, if Patient under	16 (month, day,	year):								

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna		High School Diploma or GED    Ethnicity				
Patient's age**	Marrie	ed	Date of pregn	ancy term	ination	Educa	tion					
21	_	Yes No	(	07/27/201	18			Н			or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_		☐ Hispa ■ Not I	anic or Latino		
Live Births:	N	umber now living	2				Numb	er now d	eceased	2		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi			
Dates of termination	ns (Do no	ot include this termin	ation. If more to	han six (6,	), those m	ost recent.)						
1	2					4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:				-		-	nditions of the patient that may	
F ( 110		TC : 11 1: 1	<u> </u>					N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination	
	110							• 1	None		Uterine Perforation	
Data to the state of		TC L						□ I	Hemorrhag	ge 🔲	Cervical Laceration	
Pathological examir performed?	nation	If yes, results:							nfection		Retained Products	
-	No								Other (Spec	cify)		
											ncy result in a maternal death?	
		<u> </u>						∐ Ye	s 🔳 N	0		
				Type	of Termi	nation Procedur						
Procedure that Term		• •										
☐ Medical (Nonsi												
Medical (Nons												
For Medical (Nonsu	ırgical) pı	rocedures, answer th	e following que	estion								
		e following items we	_					_	_		_	
The manufactur		ructions provided to tient agreement	the patient						-	-	patient	
Medical (Surgi												
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration										
Medical (Surgi	icai) Oili	ei (specijy)					(Surgic	ai) Otile	і (зресіју)			
		edures, answer the fo										
	le or have	e a post fertilization	age at least 20 v	weeks?		Was the fet			e a post fei	rtilization age	at least 20 weeks?	
	_	answered yes, comp	lete the following	ng questio	ns.	_			nswered y	es, complete t	the following questions.	
		opportunity to surviv	ve?						opportunit	ty to survive?		
	□No					' ' '	res L	□ INO				
		determination that procedure to avert of										
the pregnant woman		•		1		the pregnan			<sub>r</sub> vauic	aron deal	or our annument to	
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second o	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
N/A												
Date last normal me	-			Physicia	n estimat	e of gestation (i	n weeks	5)	Post fe	ertilization age		
How were the gesta		04/2018 e and post fertilization	n age determin	ed?		7					บ	
ULTRASOUND	481	Poor returnautic										
Was a waiver of cons	sent obtain	ned?	; • N	Jo	Was	a waiver of not	ificatio	n obtaine	ed?	□ Yes	■ No	
Is the patient seeking					☐ Abı							
Full name of physic												
DR. CAROL DELL												
Address of physicia 200 S. MERIDIAN	-	ning termination (nu.		t, city, stat	e, and zip	code)						
	,	,										
district To		· CD										
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•	Some College, No Degree    Ethnicity			
Patient's age**	Marrie	ed	Date of pregn	ancy term	ination	Educa	tion				
19	_	Yes No		07/27/201	18				Some Co	ollege, No D	Degree
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_		Hispa	anic or Latino	
Live Births:	N	umber now living	0								
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	luced termi		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6,	), those m	ost recent.)					
1	2		3			4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:						-	iditions of the patient that may
								N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Complic	cation(s) of P	regnancy Termination
	110								_		
		70 1							Hemorrhag	je 🗆	Cervical Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products
-	No								Other (Spec	cify)	
											ncy result in a maternal death?
								☐ Ye	s I N	0	
				Туре	of Termi	nation Procedur	es				_
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated Pr	regnancy	
☐ Medical (Nons											
Medical (Nons											
For Medical (Nonsu	ırgical) pı	rocedures, answer th	e following aue	estion		For Medical (	Nonsur	gical) pro	ocedures, a	nswer the foll	lowing question
		e following items we				Check the bo	x indica	ating the	following	items were c	completed
_		ructions provided to	the patient						_		patient
The patient sign  Medical (Surgi											
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi		
☐ Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)		
For Medical (Surgio	cal) proce	dures, answer the fo	llowing question	n.		For Medical (	Surgica	al) proce	dures, answ	ver the follow	ving question.
		e a post fertilization	age at least 20 v	weeks?			us viab	le or hav			
	■ No	answered yes, comp	lata tha fallawi	na augstio	na	If the prayion			neward w	os aomnloto:	the following questions
		opportunity to surviv		ng questio	115.	_	-		-	-	
	□No						es [		оррогии	.y to sui 1110.	
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the ba	sis for	determinat	tion that the	e pregnant woman had a
the pregnant woman		procedure to avert of	leath or serious	s impairme	ent to	condition th	nat requ	ired the			
prognant woman						the pregnan	womal	1!			
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	o-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	enses hea	an		Physicis	n estimat	e of gestation (i	n wook	;)	Post fe	rtilization ag	re of the fetus (in wooks)
Zaro mor normai inc	-	KNOWN		1 11 9 51016	Journal	13	weend	1	1 031 10	acion ag	
How were the gesta	tional ag	e and post fertilization	on age determin	ed?							
ULTRASOUND											
Was a waiver of cons					Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abı	ısed	☐ C	oerced		Harassed	☐ Trafficked
Full name of physic	_	rming termination									
DR. CAROL DELL		ning termination (nu	mher and street	t city stat	e and sin	code)					
200 S. MERIDIAN	-	=		, cuy, sial	с, ана хір	coue)					
		<u> </u>									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	.D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p		y termination
Patient's age**	Marrie	ed	Date of pregn	ancy term	nination	Educa	tion					
25		Yes ■ No		07/27/20 <sup>-</sup>	18					ollege, No D	egree	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Blac		an American		nknown	■ Not I	y anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	2				Numl	ber now de	eceased	2		
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numl	ber of indu	ced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	nation. If more to	han six (6	), those m	ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	ime fetus surviv	ed:					preexistin ate the abo		ditions of	f the patient that may
7		xo : 11	0 .					N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy	Termination
								■ N	one		Uterine	Perforation
Pathological examin	nation	If yes, results:						н	emorrhag	je 🗆		al Laceration
performed?	iation	ii yes, iesuits.							fection		Retaine	ed Products
☐ Yes ■	No								ther (Spec	cify)		
								Did this	terminati	on of pregnar	ncy result	in a maternal death?
								Yes	■ N	0		
				Туре	of Termi	nation Procedu	res					
Procedure that Term						Additional Pr						
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>								ırgical) M ırgical) M				
Medical (Nons								ırgical) Ot				
For Medical (Nonsu	- 1		U 1	estion		For Medical (						
Check the box indic	_	e following items we ructions provided to	_			Check the bo		-	_		_	ı
The patient sign			the patient					ned the pat	_			
Medical (Surgi						☐ Medical						
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)				Medical Medical	(Surgio	cal) Menst cal) Other	trual Aspı (Specify)	ration		
F. M. I. 160	1)	1 4 6	11				· ·			1 0 11		<del></del>
For Medical (Surgion Was the fetus viab		edures, answer the fo e a post fertilization	• .			For Medical Was the fe				ver the follow rtilization age		
☐ Yes	☐ No	•				☐ Y	es [	No				
If the previous ques		-		ng questio	ons.	-	•					ving questions.
	∏No	opportunity to survi	ve?				us givei Yes [		opportunit	ty to survive?		
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the ba	asis for d	leterminat	tion that the	nregnai	nt woman had a
condition that requ	aired the	procedure to avert				condition the	hat requ	uired the p				ous impairment to
the pregnant woman	111					the pregnan	ı woma	ın?				
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	)(3)	List the nam	e of the	e second do	octor pres	sent, as requir	red under	IC 16-34-2-3(a)(3)
Date last normal me	enses heg	an		Physicia	an estimat	e of gestation (i	in week	(s)	Post fe	ertilization ass	e of the fe	etus (in weeks)
III	_	01/2018		- 11,51010		<b>7</b>		/	- 550 10		5	
How were the gesta  ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?					1			
Was a waiver of cons	sent obtain	ned?	s 🔳 N	Jo	Was	a waiver of not	tificatio	on obtained	1?	☐ Yes	■ No	
Is the patient seeking					Abı			Coerced		Harassed		rafficked
Full name of physic		rming termination										
DR. CAROL DELL Address of physicia		ning termination (me	unher and stress	t city star	te and sim	(code)						
200 S. MERIDIAN	-	=		, cuy, siai	л, ини дір	couc <sub>j</sub>						
**D : D	t. Doc	icn	167									
↑↑Date Reported	to DCS	, if Patient under	10 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna		Doctorate/Professional Degree    Ethnicity			
Patient's age**	Marrie	ed	Date of pregn	ancy term	ination	Educat	tion				
38	_	Yes No	(	07/27/201	18			D	,		ıl Degree
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Blac		an American	_		Hispa	anic or Latino	
Live Births:	N	umber now living	1				Numb	per now c	leceased	1	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of ind	uced termi		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6,	), those m	ost recent.)					
1	2					4		5			6
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:						-	iditions of the patient that may
F ( 11.0		TC : 11 1: 1	<u> </u>					N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination
	110							<b>■</b> 1	None		Uterine Perforation
		70 1							Hemorrhag	е 🗆	Cervical Laceration
Pathological examin performed?	nation	If yes, results:							Infection		Retained Products
-	No								Other (Spec	cify)	
											ncy result in a maternal death?
								☐ Ye	s 🔳 N	0	
				Туре	of Termi	nation Procedur	res				
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	e that Ter	minated P	regnancy	
☐ Medical (Nons ☐ Medical (Nons											
Medical (Nons											
For Medical (Nonsu	ırgical) pı	rocedures, answer th	e following aue	estion		For Medical (	Nonsur	gical) pro	ocedures, a	nswer the foll	lowing question
Check the box indic	cating the	e following items we	ere completed			Check the bo	x indic	ating the	following	items were c	completed
		ructions provided to	the patient						_		patient
The patient sign  Medical (Surgi											
☐ Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi		
Medical (Surgi	cal) Oth	er (Specify)				Medical	(Surgic	al) Othe	r (Specify)		
For Medical (Surgio	cal) proce	edures, answer the fo	llowing question	n.		For Medical (	Surgica	al) proce	dures, answ	er the follow	ring question.
		e a post fertilization	age at least 20 v	weeks?					e a post fei	tilization age	at least 20 weeks?
	■ No tion was	answered yes, comp	lete the followi	ng auestio	ns.	If the previou			nswered v	es, complete t	the following questions.
		opportunity to surviv		-8 1		•	-				• •
□Yes	□No									-	
		determination that									
the pregnant woman		procedure to avert of	leath or serious	impairm	ent to	condition the			procedure	to avert deat	h or serious impairment to
						- F-28					
Lintales	! !	actor w	imad yaard 1701.1	24.2.20	(2)	T ;-4.41	0 c f 11		do ot-	ont	red under IC 1C 24 2 2C V2
N/A	second d	octor present, as requi	nea unaer IC 16	-34-2-3(a)	(3)	List the name	e of the	second	uoctor pres	sent, as requii	rea under 10 16-34-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	ın estimat	e of gestation (i	n weeks	5)	Post fe	rtilization age	e of the fetus (in weeks)
	06/	04/2018				6					
_	tional ago	e and post fertilization	on age determin	ed?							
ULTRASOUND											
Was a waiver of cons						a waiver of not			ed?		
		on as a result of being	any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CAROL DELL	_	rming termination									
		ning termination (nu	mber and street	t, city. stat	e, and zin	code)					
200 S. MERIDIAN	-	=		, , , , , , , , , , , , , , , , ,	, <del></del> ~·p	- /					
**Det= D	to DOC	if Doting 1 1 1	6 ( 1 1								
· · Date Reported	io DCS	, if Patient under 1	ιο (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address	•	•	1		town, of pregna	ıncy ter	mination	. ,	County of		termination
Dation4' **	T _		Dotf-		mati	INDIAN		-10			IVIA	RION
Patient's age** 25	Marrie	d Yes No	Date of pregnar	ncy termi 7/27/201		Educa	uon	H		ool Diploma	or GED	
Race American Indian Native Hawaiian			=	☐ Black ■ Other		an American	□Ur	ıknown		y anic or Latin Hispanic or L		☐ Unknown
Live Births:		umber now living	1	Ouner	1			ber now o		0	atino	Chknown
Other Termination	ns: N	umber of spontaneo	ous terminations				Numl	ber of ind	luced termi			
Dates of termination 1. UNKNOWN	ns (Do no	ot include this termi	nation. If more tha	ın six (6),	, those m	ost recent.)		5.		•	6.	
Fetus delivered aliv		If yes, length of	time fetus survived	l:					y preexisting cate the about		nditions of	the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medica	l reason for termin	ation:					Compli	cation(s) of P	regnancy	Termination
l les	NO								None			Perforation
Pathological examin	nation	If yes, results:							Hemorrhag	ge 🗆		al Laceration
performed?		ii yes, iesuits.							Infection		Retaine	ed Products
☐ Yes ■	No								Other (Spec	сіƒу)		
											ncy result	in a maternal death?
		1			cm ·			∐ Ye	s 🔳 N	U		
Procedure that Term	ninated D	regnancy		Type	oi Termi	Additional Procedure		e that Ta	rminated D	regnancy		
Medical (Nons		•							Mifepriston			
■ Medical (Nons Medical (Nons									Misoprosto Other (Spec			
	6 )	(- <u>F</u> <u>9</u> 5)						,	(	337		
For Medical (Nonsu	ırgical) pı	rocedures, answer t	he following quest	ion		For Medical (	Nonsui	rgical) pro	ocedures, a	nswer the fol	lowing qu	estion
Check the box indic	cating the	e following items w	vere completed			Check the bo		_	_	items were o	-	
The manufacture  The patient sign			o the patient			_			uctions pro atient agree		patient	
Medical (Surgi						☐ Medical						
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)				☐ Medical	(Surgio	cal) Men cal) Othe	strual Aspi er ( <i>Specify)</i>	ration		
For Medical (Surgio	cal) proce	dures, answer the f	Collowing question.			For Medical	(Surgic	al) proce	dures ansv	ver the follow	ing quest	ion
Was the fetus viab	le or hav					Was the fe	tus viab	ole or hav		rtilization age		
Yes If the previous ques	☐ No tion was	answered yes, com	plete the following	question	1S.	_	es [ Is guest		nswered v	es, complete	the follow	ving questions.
Was the fetus given	the best	-	-	, 1		Was the fet	us give <u>ı</u>	n the best	•	ty to survive?		<i>C</i> 1
	□No						Yes [					
What was the ba condition that requ												nt woman had a ous impairment to
the pregnant woman	n?					the pregnan			-			•
List the name of the	second d	octor present, as req	uired under IC 16-3	34-2-3(a)(	(3)	List the nam	e of the	esecond	doctor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)
Date last normal me	_			Physicia	n estimat	e of gestation (i	in week	s)	Post fe	ertilization ag		etus (in weeks)
How were the gesta		28/2018	ion age determine	19		8					6	
ULTRASOUND	nonai agi	c and post rettiiizat	ion ago ucicililileo	11								
Was a waiver of cons	sent obtain	ned? Y	es 🔳 No		Was	a waiver of not	tificatio	n obtain	ed?	☐ Yes	■ No	
Is the patient seeking	an aborti	on as a result of beir	ng any of the follow	ring?	☐ Abı	ısed		Coerced		Harassed	☐ Tr	afficked
Full name of physic DR. CAROL DELL	-	rming termination										
Address of physicia		ning termination (n	umber and street, o	city, state	e, and zip	code)						
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN	16225									
**Date Reported	to DCS	, if Patient under	16 (month, day, y	ear):						_		

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS, I	N, 46268	City or	town, of pregna	•			County of p	-	cy termination	on
Patient's age**	Marrie	d	Date of pregna	ancy term	ination	Educa	tion						
Race		Yes No	0	7/27/20	18				Asso Ethnicity	ciate Degr	ee		
American India	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Blac ☐ Othe		an American		nknown	Hispa	nnic or Latino Hispanic or L		☐ Unk	known
Live Births:	N	umber now living	1					ber now dec		0			
Other Termination	ns: N	umber of spontaneo	us terminations <b>1</b>				Numb	ber of induc	ed termi	nations <b>0</b>			
Dates of termination  1. 2006	ns (Do no	t include this termin	nation. If more th	an six (6	), those m	ost recent.)		5			6		
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				List any p complicat		g medical cor	ditions o	of the patient	that may
7		xo : 11						N/A					
Fetus viable?  Yes	No	If viable, medical	reason for termi	nation:					Complic	cation(s) of P	regnanc	y Terminatio	on
								■ No:		_		e Perforatio	
Pathological examir	nation	If yes, results:						_	morrhag	_		cal Laceratic	
performed?									ection ner (Spec	rify)	Ketain	ed Products	•
☐ Yes ■	No								ioi (Spec	937			
								Did this to ☐ Yes	erminatio	on of pregnar	ncy resul	t in a mater	nal death?
				Type	of Termi	nation Procedu	res						
Procedure that Term	ninated P	regnancy		Jr -		Additional Pr		e that Termi	inated Pr	egnancy			
Medical (Nons								irgical) Mif					
Medical (Nonsi								rgical) Mis rgical) Oth					
For Medical (Nonsu	ırgical) pı	rocedures, answer th	e following ques	stion		For Medical (	Nonsur	rgical) proce	dures, a	nswer the foll	owing q	uestion	
Check the box indic	_	_	-			Check the bo		-	_	items were c vided to the	_	d	
The manufactur		uctions provided to tient agreement	the patient					ned the patie	-		patient		
Medical (Surgi						☐ Medical							
☐ Medical (Surgi		nstrual Aspiration er (Specify)				Medical Medical	(Surgic	cal) Menstri cal) Other (	uai Aspi S <i>pecify)</i>	ration			
For Medical (Surgio	ral) proce	dures answer the fo	llowing question	<u> </u>		For Medical	(Surgice	al) procedur	ac ancu	ver the follow	ing gues		
· -		e a post fertilization								tilization age			
Yes If the previous ques	■ No	answarad vas comn	lete the followin	a anestio	me	If the previou	es [		warad v	e complete	the follo	wing questi	one
		opportunity to survi		g questio	115.	_	-		-	y to survive?		wing questi	ons.
☐ Yes [	□No						Yes [		•				
condition that requ	iired the	determination that procedure to avert				condition the	hat requ	uired the pro		ion that the			
the pregnant woman	n!					the pregnan	t woma	n'?					
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16-	·34-2-3(a)	(3)	List the nam	e of the	e second doo	ctor pres	ent, as requi	red unde	r IC 16-34-	2-3(a)(3)
Date last normal me	_			Physicia	n estimat	e of gestation (i	in week.	s)	Post fe	rtilization ag		fetus (in wed	eks)
How were the gesta		01/2018	on age determine	ed?		8					6		
ULTRASOUND	tionar ag	c and post fertifization	on age determine	м.									
Was a waiver of cons	sent obtain	ned?	s • N	0	Was	a waiver of not	ificatio	on obtained?	)	Yes	■ N	0	
Is the patient seeking	an aborti	on as a result of being			☐ Abı	ısed		Coerced		Harassed	П	rafficked	
Full name of physic DR. CAROL DELL		rming termination											
Address of physicia		ning termination (nu	mber and street,	city, stat	e, and zip	code)							
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 4	6225										
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROAI	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination  MARION	
Patient's age**	Marrie	ed	Date of pregn	ancy term	ination	Educat	tion					
26	_	☐ Yes ■ No	(	07/27/201	18			F		ool Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or La		
Live Births:	N	umber now living	1				Numb	er now c	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6,	), those m	ost recent.)						
1	2	2.				4		5			6	
Fetus delivered aliv		If yes, length of tin	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may	
F ( 110		XC : 11	<u> </u>					N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination	
	110							<b>•</b> 1	None		Uterine Perforation	
Data to the control of the control o		TC L							Hemorrhag	ge 🔲	Cervical Laceration	
Pathological examin performed?	nation	If yes, results:							Infection		Retained Products	
-	No								Other (Spec	cify)		
											ncy result in a maternal death?	
		<u> </u>						☐ Ye	s 🔳 N	0		
				Type	of Termi	nation Procedur						
Procedure that Term						Additional Pr						
☐ Medical (Nons ☐ Medical (Nons						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						
Medical (Nons						Medical (Nonsurgical) Other (Specify)						
		rocedures, answer the		estion							lowing question	
	-	e following items we	•			Check the bo						
The manufacture The patient sign		ructions provided to tient agreement	the patient						uctions pro atient agree	ovided to the perment	patient	
Medical (Surgi						☐ Medical	(Surgic	al) Suct	ion Curetta	ige		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi r (Specify)			
Wiedicai (Surgi	icai) Oili	ст (вресіду)				Wiedicar	(Burgie	ai) Ouic	т (вресцу)			
		edures, answer the fo				For Medical (	-					
	le or have	e a post fertilization	age at least 20 v	weeks?		Was the fet		le or hav ] No	e a post fei	rtilization age	e at least 20 weeks?	
_	_	answered yes, compl	lete the following	ng questio	ns.	_			inswered y	es, complete t	the following questions.	
		opportunity to surviv	ve?						opportunit	ty to survive?		
	□No					L 1	es [	」 No				
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to	
the pregnant woman				r		the pregnant			risseduic	uvoit uodi	o. serious impuniment to	
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
N/A												
Date last normal me	_			Physicia	n estimat	e of gestation (i	n weeks	5)	Post fe	ertilization age	e of the fetus (in weeks)	
How were the gesta		23/2018 e and post fertilization	n age determin	ed?		11					9	
ULTRASOUND	481	poor formizatio										
Was a waiver of cons	sent obtain	ned?	; I N	Jo	Was	a waiver of not	ificatio	n obtaine	ed?	☐ Yes	■ No	
		on as a result of being			☐ Abı			Coerced		Harassed	☐ Trafficked	
Full name of physic												
DR. CAROL DELL												
Address of physicia 200 S. MERIDIAN	-	ning termination (num		t, city, stat	e, and zip	code)						
	,											
**Date Reported	to DCS	s, if Patient under 1	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 8	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	INDIANAPOLIS					County of p	oregnancy termination  MARION
Patient's age** 24	Marrie [	ed Yes No	Date of pregr	nancy term 07/27/20		Educ	ation		Some Co	ollege, No D	Degree
Race American Indiar Native Hawaiiar			☐ Asian ■ White	☐ Blac		an American	□IJn	known		y anic or Latino Hispanic or L	
Live Births:		fumber now living	0	Out	<i>,</i>			per now d		0	denie Chkhown
Other Termination	is:	fumber of spontaneou					Numb	er of ind	uced termi		
Dates of termination 10/21/2017	is (Do no	ot include this termin	ation. If more t	han six (6	), those me	ost recent.)					,
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:		4			y preexistin	-	ditions of the patient that may
Fetus viable?		If viable, medical	reason for term	nination:				N/A			
Yes •	No	ir viuoto, moutour	- Cuson 101 C						None		regnancy Termination Uterine Perforation
Pathological examin performed?		If yes, results:						_ 1	Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products
								Did thi □ Ye			ncy result in a maternal death?
				Туре	of Termi	nation Proced	ures				
Procedure that Term  Medical (Nonsu	urgical)	Mifepristone	ıl (Nonsu	rgical) N	minated Pr	ie					
■ Medical (Nonsurgical) Misoprostol       □ Medical (Nonsurgical) Misoprostol         □ Medical (Nonsurgical) Other (Specify)       □ Medical (Nonsurgical) Other (Specify)											
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)											
		edures, answer the fo				Was the f	etus viab				ring question.
		answered yes, comp opportunity to survi		ng questio	ons.	Was the fe	•	the best		es, complete ty to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	ired the			e pregnant woman had a th or serious impairment to
List the name of the	second d	loctor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the na	ne of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	10	21/2017			an estimate	e of gestation <b>7</b>	(in weeks	s)	Post fe	ertilization ag	e of the fetus (in weeks)  5
How were the gestat	tional ag	e and post fertilization	on age determin	ied?							
Was a waiver of cons						a waiver of n				Yes	■ No
Is the patient seeking  Full name of physics			s any or me follo	owing!	☐ Abu	ISCU		Coerced		Harassed	☐ Trafficked
DR. CAROL DELL	INGER			4 - 14 4	·	1-)					
Address of physician 200 S. MERIDIAN	-	-		ı, cııy, stat	е, апа гір	coue)					
**Date Reported	to DCS	s, if Patient under	16 (month, day	, year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 07/31/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of	pregnancy te	
Patient's age**	Marrie	ed.	Date of pregn	ancv term	ination	Educa	tion			I		
22	_	Yes No		07/27/20 <sup>2</sup>					Some Co	ollege, No I	Degree	
Race American India Native Hawaiiai	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known	■ Not I	y anic or Latin Hispanic or L		Unknown
Live Births:	N	umber now living	1				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)						
1	2	L	3			4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of th	e patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Complia	cation(s) of P	regnancy Te	ermination
	110								None		Uterine Po	erforation
D. J.		10							Hemorrhag	je 🗆	Cervical I	aceration
Pathological examing performed?	nation	If yes, results:							Infection		Retained 1	Products
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in	a maternal death?
								☐ Ye	s 🔳 N	0		
				Type	of Termi	nation Procedur						
Procedure that Term						Additional Pr				•		
☐ Medical (Nons ☐ Medical (Nons						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						
Medical (Nons									Other (Spec			
		rocedures, answer the		estion		For Medical (	` '	_ , 1			0 1	ion
	-	e following items we ructions provided to	-			Check the bo		_	_	items were ovided to the	-	
☐ The manufacture ☐ The patient sign			the patient						itient agree			
Medical (Surgi									ion Curetta			
Medical (Surgi	cal) Mei	nstrual Aspiration er (Specify)							strual Aspi r ( <i>Specify</i> )			
FM-Ji1 (Ci	1)	J 41 - 6-	11			F 16 E 1	(C :	1)	1	4 6 11	. ,.	
· -		edures, answer the for e a post fertilization				For Medical (				ver the follow tilization age		
☐ Yes	■ No	-				☐ Y	es [	No	_			
		answered yes, complete opportunity to survive		ng questio	ns.	If the previou	-		-	_		g questions.
	∏No	opportunity to surviv	ve:				us given Yes [		opportunit	y to survive?		
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the ha	sis for	determinat	tion that the	e nreonant	woman had a
condition that requ	aired the	procedure to avert d				condition tl	hat requ	ired the				s impairment to
the pregnant woman	11?					the pregnan	t womai	n?				
List the name of the <b>N/A</b>	List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)											
Date last normal me	enses heo	an		Physicis	an estimat	e of gestation (i	n weeks	5)	Post fe	ertilization ag	e of the fetu	s (in weeks)
s mor normar me	_	04/2018		,51016	201111111	12	cen	,	1 050 10	unon ug	10	_ (/20.05)
_	tional ag	e and post fertilization	on age determin	ed?								
ULTRASOUND												
Was a waiver of cons					Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the follo	owing?	☐ Abı	ısed		Coerced		Harassed	Traff	řicked
Full name of physic	-	rming termination										
DR. CAROL DELL Address of physicia		ning termination (nu	mber and stree	t, city, stat	te, and zin	code)						
200 S. MERIDIAN	-	=			,	,						
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	atient's age** Married Date of pregnat						egnancy t	erminatio	on	County of p	oregnancy termination  LAKE	
Patient's age** 28		d ■ Yes □ No		ancy term 07/25/201		Ec	lucation		Asso	ociate Degre		
	n or Othe	ka Native r Pacific Islander umber now living	Asian White	☐ Black		an America		Unknown mber now		nnic or Latino Hispanic or La		
Live Births:	N	umber of spontaneou	0 us terminations				Nu	mber of in	nduced termin	nations		
Other Termination  Dates of termination	15.	•	0		1		114			0		
1	1S ( <i>Do no</i>	n inciuae inis iermin 	3	uan six (0)	), inose m	0si receni.) 4		5.			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				comp	any preexisting blicate the abo		ditions of the patient that may	
Fetus viable?		If viable, medical	reason for termi	ination:				n/a				
Yes Yes	No	ii viaole, medicai	reason for terms	muton.				•	None		regnancy Termination Uterine Perforation Cervical Laceration	
Pathological examir	nation	If yes, results:						7 8	Hemorrhage Infection		Retained Products	
performed?	No								Other (Spec	_	retained Freducts	
								Did t			ncy result in a maternal death?	
				Type	of Termi	nation Proc	edures					
Procedure that Term	ninated P	regnancy		Jr				ure that T	erminated Pr	egnancy		
Medical (Nons	urgical)	Misoprostol										
Medical (Nons	uigicai)	Other ( <i>specify</i> )				Med	icai (Noi	isuigicai)	Other (Speci	ijy)		
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient												
The patient sign  Medical (Surgi						☐ The patient signed the patient agreement ☐ Medical (Surgical) Suction Curettage						
	cal) Mer	nstrual Aspiration				Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)						
		edures, answer the fo	• .			Was th					ing question. at least 20 weeks?	
If the previous ques Was the fetus given	tion was the best	answered yes, comp opportunity to survi		ig questio	ns.	If the pre	— vious que e fetus giv	estion was ven the be	s answered ye	_	the following questions.	
	sis for	determination that				What v		basis for			pregnant woman had a	
the pregnant woman		procedure to avert of	death of serious	шрантк	ent to		on that regnant wor		e procedure	to avert deat	h or serious impairment to	
List the name of the	-34-2-3(a)	(3)	List the	name of t	the second			red under IC 16-34-2-3(a)(3)				
Date last normal me	an 11/2018	Physicia	n estimat	e of gestation	on (in we	eks)	Post fe	rtilization age	e of the fetus (in weeks) 4			
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons		10.				a waiver of				Yes	■ No	
Is the patient seeking			g any of the follow	wing?	☐ Abu	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. SARAH JULIA	-	-										
Address of physicia 8590 GEORGETO	n perforn	ning termination (nu		city, stat	e, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address OF MERR	•	CTICUT STREET,		town, of pregna	ıncy ter	mination	County of pregnancy termination LAKE			
Patient's age**	Marrie	·d	Date of pregnancy t	termination	Educa	tion		•			
25	_	Yes No	07/25	/2018				ool Diploma or GED			
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	= =	Black or Afric Other	an American	☐ Ur		ty panic or Latino Hispanic or Latino			
Live Births:	N	umber now living	0			Numl	ber now deceased	0			
Other Termination	ns: N	umber of spontaneo	us terminations			Numl	ber of induced term	ninations 0			
Dates of termination	ns (Do no	ot include this termin	nation. If more than si	x (6), those m	ost recent.)						
1	2		3		4		5	6			
Fetus delivered alive		If yes, length of t	ime fetus survived:				List any preexisti complicate the ab	ng medical conditions of the patient that may cortion			
E 4 : 11.0		TC 1.11	6 4				N/A				
Fetus viable?  Yes	No	If viable, medical	reason for terminatio	n:			Compl	ication(s) of Pregnancy Termination			
							■ None	☐ Uterine Perforation			
Pathological examir	nation	If yes, results:					Hemorrha				
performed?		ii yes, resuits.					☐ Infection	Retained Products			
☐ Yes ■	No						Other (Spe	ecify)			
								tion of pregnancy result in a maternal death?			
		<u> </u>					Yes • 1	NU			
D 1			Τ	nation Procedu		d or in					
Procedure that Term					Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone						
Medical (Nons	urgical)	Misoprostol		☐ Medical (Nonsurgical) Misoprostol							
Medical (Nons	urgical)	Other (Specify)		☐ Medical	☐ Medical (Nonsurgical) Other (Specify)						
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed											
■ The manufactur	rer's instr	ructions provided to	=		☐ The man	ufactur	er's instructions pr	rovided to the patient			
The patient sign							ned the patient agre				
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration			☐ Medical	(Surgio	cal) Suction Curett cal) Menstrual Asp	piration			
☐ Medical (Surgi	cal) Oth	er (Specify)			☐ Medical	(Surgio	cal) Other (Specify				
For Medical (Surgio	al) proce	edures, answer the fo	ollowing question.		For Medical	(Surgic	al) procedures, ans	wer the following question.			
		e a post fertilization	age at least 20 weeks	?				ertilization age at least 20 weeks?			
Yes If the previous ques		answered yes, comp	olete the following que	estions.	_	es [ s quest		yes, complete the following questions.			
Was the fetus given	the best				Was the fet	us give <u>ı</u>	n the best opportun	• • •			
□Yes [	□No					Yes [	_ No				
	ired the		the pregnant woma death or serious impa			hat requ	uired the procedure	ation that the pregnant woman had a e to avert death or serious impairment to			
List the name of the	second de	octor present, as requ	iired under IC 16-34-2-	-3(a)(3)	List the nam	e of the	e second doctor pro	esent, as required under IC 16-34-2-3(a)(3)			
Date last normal me	_		Phy	sician estimat	e of gestation (i	in week	s) Post i	fertilization age of the fetus (in weeks)			
How were the gesta		15/2018	on age determined?		8			6			
ULTRASOUND	tional ago	e and post retifizati	on age determined?								
Was a waiver of cons					a waiver of not			Yes No			
Is the patient seeking  Full name of physic			g any of the following?	<sup>'</sup> ☐ Abı	ıseu	<u></u> Ц (	Coerced	Harassed Trafficked			
DR. SARAH JULIA	_	-									
Address of physicia 8590 GEORGETO	-	=	mber and street, city, IS, IN 46268	state, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day, year)	:							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address of MERR	ILLVILLE - 8645 CONNE	CTICUT STREET,		City or	town, of pregna	•			County of p	pregnancy termination  LAKE	
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
26		Yes No	(	07/25/201	8				,	ollege, No D	)egree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	☐ Not I	y anic or Latino Hispanic or L		
Live Births:	N	umber now living	1						leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations 1				Numb	er of ind	luced termi	nations <b>0</b>		
Dates of termination  1. UNKNOWN	,	t include this termin	•	, ,		,		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo	-	nditions of the patient that may	
7		70 : 11	g .					n/a				
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:				-	Compli	cation(s) of P	regnancy Termination	
									None		Uterine Perforation	
Pathological examin	nation	If you regulte:							Hemorrhag	e 🗆	Cervical Laceration	
performed?	nation	If yes, results:						_	Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal death?	
		1						☐ Ye	s 🔳 N	υ		
				Туре	of Termi	nation Procedu						
Procedure that Term						Additional Pr						
☐ Medical (Nons ☐ Medical (Nons						Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol						
Medical (Nons					Medical (Nonsurgical) Other (Specify)							
		rocedures, answer th		estion							lowing question	
	-	e following items we	_			Check the bo				items were c		
The patient sign		uctions provided to tient agreement	tne patient						atient agree		patient	
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi	ration		
	icur) our	or (Specify)				Medical (Surgical) Other (Specify)						
, -		dures, answer the fo	• .			For Medical						
	le or hav	e a post fertilization	age at least 20 v	weeks?		Was the fe		le or hav ] No	e a post fei	tilization age	e at least 20 weeks?	
	_	answered yes, comp	lete the following	ng question	ns.	_			nswered y	es, complete	the following questions.	
	n the best □No	opportunity to survi	ve?						opportunit	y to survive?		
	_		a	-			Yes [					
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to	
the pregnant woman				-		the pregnan					F	
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
N/A			<u></u> _			<u> </u>						
Date last normal me	_	an <b>28/2018</b>		Physicia	n estimat	e of gestation (i	n weeks	s)	Post fe	ertilization ag	e of the fetus (in weeks)	
How were the gesta		28/2018 e and post fertilization	on age determin	led?		7					5	
ULTRASOUND		г										
Was a waiver of cons	sent obtain	ned?	; I N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking					☐ Abı			oerced		Harassed	☐ Trafficked	
Full name of physic												
DR. SARAH JULIA												
Address of physicia 8590 GEORGETO	-	ning termination (nu AD, INDIANAPOL		t, city, state	e, and zip	code)						
		,										
**Date Reported	to DCS	, if Patient under	6 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	RILLVILLE - 8645 CONNE		City or town, of pregnancy termination MERRILLVILLE  ney termination Education				County of p	regnancy termination <b>LAKE</b>				
Patient's age** 39	Marrie	ed ■ Yes □ No		ancy term 07/25/201		Edu	cation		Some Co	ollege, No D	egree		
	n or Othe	ka Native or Pacific Islander number now living	Asian White	☐ Black		an Americar	Uı	nknown ber now d	■ Not I	y anic or Latino Hispanic or La			
Live Births:	N	umber of spontaneou	2 us terminations						uced termi	nations			
Other Termination  Dates of termination	15.		1	an six (6	) those m	ost recent )				1			
1. UNKNOWN		UNKNOWN	3			4		5			6		
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				compli	y preexistin cate the abo		ditions of the patient that may		
Fetus viable?		If viable, medical	reason for termi	ination:				N/A					
☐ Yes ■	No								None		egnancy Termination Uterine Perforation		
Pathological examin	nation	If yes, results:							Hemorrhag Infection	ge 📙	Cervical Laceration Retained Products		
performed?	No								Other (Spec	_	reamed Froducts		
								Did this ☐ Yes			cy result in a maternal death?		
				Type	of Termi	nation Proce	dures						
Procedure that Term	ninated P	regnancy		Jr		Additional		e that Ter	minated Pi	regnancy			
<ul><li>Medical (Nons)</li><li>Medical (Nons)</li><li>Medical (Nons)</li></ul>	urgical)	Misoprostol				☐ Medic	al (Nonsı	urgical) N	Mifepriston Misoprostol Other (Spec	l			
		(~F9))					(- 10-10)		(~ <i>I</i>	377			
Check the box indic	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient												
The patient sign						The patient signed the patient agreement  Medical (Surgical) Suction Curettage							
Medical (Surgion Medica	cal) Mei	nstrual Aspiration				Medical (Surgical) Menstrual Aspiration   Medical (Surgical) Other (Specify)							
For Medical (Surgic	ral) proce	edures answer the fo	llowing question	n		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable ☐ Yes	le or hav ☐ No	e a post fertilization	age at least 20 w	veeks?		Was the	fetus vial Yes [	ble or hav	e a post fer	rtilization age	at least 20 weeks?		
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ig questio	ns.	Was the	-	n the best	-	es, complete to ty to survive?	he following questions.		
	ired the	determination that procedure to avert of				condition		uired the			pregnant woman had a n or serious impairment to		
List the name of the	-34-2-3(a)	(3)	List the na	ame of the	e second o	doctor pres	sent, as requir	ed under IC 16-34-2-3(a)(3)					
Date last normal me	01/2018		n estimat	e of gestation  6	ı (in week	cs)	Post fe	ertilization age	e of the fetus (in weeks) 4				
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?									
Was a waiver of cons		100				a waiver of				Yes	■ No		
Is the patient seeking			g any of the follow	wing'?	☐ Abu	ised	□ (	Coerced		Harassed	☐ Trafficked		
Full name of physic DR. SARAH JULIA	_	-											
Address of physician 8590 GEORGETO	-	-		city, stat	e, and zip	code)							
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	atient's age** Married Date of pregnan						regnanc		nination <b>E</b>		County of	pregnancy termination  LAKE
Patient's age** 21		ed Yes No		ncy term 7/25/201		Е	ducatio	on	Н	igh Scho	ool Diploma	or GED
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ■ White	☐ Black		an Americ		Unk		Not l	y anic or Latin Hispanic or L	
Live Births:	N	umber now living	0				1	Numbe	er now d	eceased	0	
Other Termination	ns: N	umber of spontaneou	us terminations <b>0</b>				1	Numbe	er of ind	iced termi	nations <b>0</b>	
Dates of termination	ns (Do no	ot include this termin		an six (6)	), those me	ost recent.	)					
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:		4			-	preexisting ate the abo	-	nditions of the patient that may
									N/A			
Fetus viable?  ☐ Yes ■	No	If viable, medical	reason for termi	nation:					• N	Compli	cation(s) of P	Pregnancy Termination  Uterine Perforation
Pathological examir	nation	If yes, results:							_	Iemorrhag	_	Cervical Laceration
performed?		ii yes, resuits.							_	nfection Other (Spec	cify)	Retained Products
									Did this			ncy result in a maternal death?
				Туре	of Termin	nation Pro	cedures	S				
Procedure that Term	ninated P	regnancy				Addition	al Proc	cedure	that Ter	minated P	regnancy	
Medical (Nonsi	urgical)	Misoprostol			<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>							
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement												
☐ Medical (Surgi ☐ Medical (Surgi ☐ Medical (Surgi	cal) Mer	nstrual Aspiration										
		edures, answer the fo	• 1			Was tl	,	s viable				ving question. e at least 20 weeks?
If the previous ques Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		g question	ns.	Was th		given	the best		es, complete ty to survive?	the following questions.
	ired the	determination that procedure to avert of					ion that	t requi	red the			e pregnant woman had a th or serious impairment to
List the name of the	(3)	List the	name (	of the	second d	loctor pres	sent, as requi	ared under IC 16-34-2-3(a)(3)				
Date last normal me	n estimate	e of gestati	ion (in	weeks)	)	Post fe	ertilization ag	ge of the fetus (in weeks) 7				
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons					Was	a waiver o	f notifi	ication	obtaine	d?	☐ Yes	■ No
Is the patient seeking			any of the follow	wing?	Abu	ised		☐ Co	perced		Harassed	☐ Trafficked
Full name of physic <b>DR. SARAH JULIA</b>	-	-										
Address of physicia	n perforn	ning termination (nu		city, state	e, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNE	CTICUT STREET,		City or t	town, of pregr	nancy ter			County of p	regnancy termination  LAKE	
Patient's age** 22	Marrie [	d Yes • No	Date of pregn	ancy term 07/25/201		Educ	eation	Н	igh Scho	ol Diploma	or GED	
Race American Indian Native Hawaiian Live Births:	n or Othe	ka Native or Pacific Islander umber now living	Asian White	☐ Blac		an American		nknown ber now de	■ Not I	y anic or Latino Hispanic or La		
	N	umber of spontaneo	0 us terminations				Numl	per of indu	iced termi	nations		
Other Termination	15.		0	1: /6	) 11					0		
Dates of termination	1S ( <i>Do no</i>	n inciuae inis termin	3.	nan six (0,	), inose m	4.		5.			6.	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					preexistin ate the abo		ditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				n/a				
Yes Yes	No	ii viaole, inedicar	reason for term	mation.				_	lone		egnancy Termination Uterine Perforation Cervical Laceration	
Pathological examin	nation	If yes, results:							Iemorrhag nfection	e $\Box$	Retained Products	
performed?  Yes	No								Other (Spec	_	100000	
								Did this			cy result in a maternal death?	
				Tyne	of Termi	nation Proced	ures	-				
Procedure that Term	ninated P	regnancy		- 1100		Additional		e that Teri	minated Pi	regnancy		
Medical (Nonsi					☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol							
Medical (Nonsi									lisoprostol ther ( <i>Spec</i>			
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient												
☐ The patient sign	ed the par	tient agreement				The patient signed the patient agreement						
Medical (Surgion Medica	cal) Mer	nstrual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgic	al) proce	dures answer the fo	llowing questio	'n		For Modice	l (Surgio	al) proced	uros onsu	ver the follow	ing question	
Was the fetus viab		e a post fertilization	- 1			Was the	etus viab				at least 20 weeks?	
If the previous quest Was the fetus given  ☐ Yes	the best	answered yes, comp opportunity to survi		ng questio	ns.	Was the fe	•	n the best	•	es, complete t ty to survive?	he following questions.	
	ired the	determination that procedure to avert of					that requ	uired the p			pregnant woman had a h or serious impairment to	
List the name of the <b>n/a</b>	5-34-2-3(a)	(3)	List the na	ne of the	e second d	loctor pres	sent, as requir	ed under IC 16-34-2-3(a)(3)				
Date last normal me	_	an <b>22/2018</b>		Physicia	n estimat	e of gestation	(in week	s)	Post fe	ertilization age	e of the fetus (in weeks)	
How were the gestar ULTRASOUND			on age determine	ed?		<u> </u>						
Was a waiver of cons	sent obtain	ned?	s I N	lo	Was	a waiver of n	otificatio	on obtaine	d?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	g any of the follo	wing?	☐ Abu	ised		Coerced		Harassed	Trafficked	
Full name of physic DR. SARAH JULIA	_	-										
Address of physician			mber and street	t, city, stat	e, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	EILLVILLE - 8645 CONNEC		City or town, of pregnancy termination  MERRILLVILLE  cy termination  Education				County of 1	pregnancy termination  LAKE				
Patient's age** 21	Marrie [	ed Yes No		ancy term 07/25/201		E	ducati	on	н	ligh Scho	ool Diploma	or GED	
Race American Indian			Asian			an Americ					anic or Latino		
☐ Native Hawaiian  Live Births:		umber now living	☐ White 0	■ Othe	er			Unk Numbe		Not I leceased	Hispanic or L  0	atino Unknown	
Other Termination	ns: N	umber of spontaneou						Numbe	er of ind	uced termi			
Dates of termination	ns (Do no	ot include this termin	ation. If more th	han six (6	), those me	ost recent.	)				•		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:		4				y preexistin	-	onditions of the patient that may	
									n/a				
Fetus viable?	N	If viable, medical	reason for term	ination:						Compli	cation(s) of P	Pregnancy Termination	
☐ Yes ■	No								<b>1</b>	None		Uterine Perforation	
Pathological examir	nation	If yes, results:								Hemorrhag	_	Cervical Laceration	
performed?		),								nfection Other (Spec	∟ cify)	Retained Products	
105	110												
									Did thi □ Ye			ncy result in a maternal death?	
				Туре	of Termi	nation Pro	cedure	s					
Procedure that Term	ninated P	regnancy				Addition	nal Pro	cedure	that Ter	minated P	regnancy		
☐ Medical (Nons										Aifepriston Aisoprosto			
Medical (Nons	urgical)	Other (Specify)			Medical (Nonsurgical) Other (Specify)								
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed													
☐ The manufactur☐ The patient sign		ructions provided to	the patient							_	ovided to the	patient	
Medical (Surgi	cal) Suc	tion Curettage				☐ Medical (Surgical) Suction Curettage							
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
For Medical (Surgic	cal) proce	edures, answer the fo	llowing questio	n.		For Med	lical (S	Surgical	) proced	dures, answ	ver the follow	ving question.	
	le or hav No	e a post fertilization	age at least 20 v	weeks?			he fetu   Ye		e or hav No	e a post fei	rtilization age	e at least 20 weeks?	
If the previous ques	tion was	answered yes, comp		ng questio	ns.	If the pro	evious	questio	n was a		•	the following questions.	
Was the fetus given  ☐ Yes [		opportunity to surviv	ve?			Was th	e fetus	s given i	the best No	opportunit	ty to survive?		
	iired the	determination that procedure to avert of				condit	ion tha		red the			e pregnant woman had a th or serious impairment to	
F-48min Wolling	•					ine pre	gualit	woman.					
List the name of the <b>n/a</b>	List the	name	of the s	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)						
Date last normal me	_	an <b>25/2018</b>		Physicia	an estimate	e of gestat	ion (in	weeks)		Post fe	ertilization ag	ge of the fetus (in weeks)	
How were the gesta			on age determin	ed?		7						5	
ULTRASOUND													
Was a waiver of cons						a waiver o	of notif				Yes	■ No	
Is the patient seeking Full name of physic			, any or the follo	wmg!	☐ Abu	ISCU		∐ Co	erced	L	Harassed	☐ Trafficked	
DR. SARAH JULIA	TURN	ER											
Address of physicia 8590 GEORGETO	-	-		, city, stat	e, and zip	code)							
**Date Reported	to DCS	, if Patient under	l 6 (month, day,	year):									

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address O OF MERR	ILLVILLE - 8645 CONNE	CTICUT STREET,		City or t	town, of pregna	•			County of p	oregnancy termination  LAKE		
Patient's age**	Marrie	d	Date of pregn	ancy termi	nation	Educa	tion		-				
24		Yes No	(	07/25/201	8					elor's Degr	ee		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	■ Not I	y anic or Latino Hispanic or La			
Live Births:	N	umber now living	0					er now c		0			
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations <b>0</b>			
Dates of termination		t include this termin	v	, ,		*							
1						4		5			6		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	ditions of the patient that may		
								n/a					
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:				====	Compli	cation(s) of P	regnancy Termination		
									None		Uterine Perforation		
Pathological examin	nation	If you regulte:							Hemorrhag	je 🗆	Cervical Laceration		
performed?	nation	If yes, results:						_	Infection		Retained Products		
☐ Yes ■	No								Other (Spec	cify)			
											ncy result in a maternal death?		
		1						☐ Ye	s 🔳 N	υ			
				Type	of Termi	nation Procedur							
Procedure that Term						Additional Pr				•			
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprosto				
Medical (Nons						Medical (Nonsurgical) Other (Specify)							
		rocedures, answer th		estion							owing question		
	-	e following items we	_			Check the bo				items were covided to the			
The patient sign		uctions provided to tient agreement	tne patient						atient agree		patient		
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge			
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi	ration			
	icur) our	or (Specify)				Medical (Surgical) Other (Specify)							
		dures, answer the fo				For Medical							
	le or have No	e a post fertilization	age at least 20 v	weeks?		Was the fe		le or hav  No	e a post fei	tilization age	at least 20 weeks?		
	_	answered yes, comp	lete the following	ng question	ns.	_			inswered y	es, complete t	the following questions.		
	n the best □No	opportunity to survi	ve?				us giver Yes [		opportunit	y to survive?			
	_	1.6	d		. 1					_			
		determination that procedure to avert of									e pregnant woman had a h or serious impairment to		
the pregnant woman						the pregnan					r 2000 00		
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
n/a						<u> </u>							
Date last normal me	_	an <b>04/2018</b>		Physicia	n estimat	e of gestation (i	in weeks	5)	Post fe	ertilization age	e of the fetus (in weeks)		
How were the gesta		e and post fertilization	n age determin	ed?		6					4		
ULTRASOUND		poor recuiredin											
Was a waiver of cons	sent obtain	ned?	; I N	Jo	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No		
Is the patient seeking					Abu			Coerced		Harassed	☐ Trafficked		
Full name of physic													
DR. SARAH JULIA													
Address of physicia 8590 GEORGETO	-	ning termination (nu AD. INDIANAPOL		t, city, state	e, and zip	code)							
		·,											
**Date Reported	to DCS	, if Patient under	6 (month, day,	, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	RILLVILLE - 8645 CONNEC	CTICUT STREET,		City or town, of pregnancy termination  MERRILLVILLE  cy termination  Education					County of p	pregnancy termination  LAKE
Patient's age** 22	Marrie	ed Yes No		ancy term 07/25/20		Educ	ation		9th-12	th, No Diplo	oma
	n or Othe	ka Native or Pacific Islander number now living	Asian White	■ Blac		an American		nknown ber now de	■ Not I	/ anic or Latino Hispanic or L	
Live Births:	N	umber of spontaneou	0 us terminations						aced termi	nations	
Other Termination	15.		0	l: (6	1 1		rum	ber of mac	acca termi	1	
1. <b>03/2018</b>	1S ( <i>Do no</i> 2	ot include this termin	ation. If more th	nan six (0	), those m	ost recent.) 4.		5.			6.
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:				complic	preexisting the about		nditions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				n/a			
☐ Yes ■	No							_	Vone		Tregnancy Termination  Uterine Perforation
Pathological examin	nation	If yes, results:							Iemorrhag nfection	e 📙	Cervical Laceration Retained Products
performed?  Yes	No								Other (Spec	_	returned Froducts
								Did this			ncy result in a maternal death?
				Type	of Termi	nation Proced	ures				
Procedure that Term	ninated P	regnancy		JF		Additional l		e that Teri	minated Pi	regnancy	
☐ Medical (Nonsi					☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						
Medical (Nonsi	urgical)	Other (Specify)			Medical (Nonsurgical) Other (Specify)						
Check the box indic	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient										
The patient sign									tient agree		
Medical (Surgi	cal) Mei	nstrual Aspiration									
		edures, answer the fo	• .			Was the f	etus viab				ring question.
	_	answered yes, comp	lete the following	ng questio	ons.	_	_		nswered y	es, complete t	the following questions.
Was the fetus given ☐ Yes [		opportunity to surviv	ve?				tus giver Yes [		opportunit	y to survive?	
	ired the	determination that procedure to avert of					that requ	uired the p			e pregnant woman had a th or serious impairment to
List the name of the <b>n/a</b>	-34-2-3(a)	0(3)	List the nai	ne of the	e second d	loctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)			
Date last normal me	an 30/2018	Physicia	an estimate	e of gestation	(in week.	s)	Post fe	rtilization age	e of the fetus (in weeks)  6		
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?							
Was a waiver of cons					Was	a waiver of n			d?	Yes	■ No
Is the patient seeking			g any of the follo	wing?	☐ Abı	ised		Coerced		Harassed	Trafficked
Full name of physic DR. SARAH JULIA	_	-									
Address of physician 8590 GEORGETO	n perform	ning termination (nu		, city, stai	te, and zip	code)					
		,	, <b></b>								
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

\*\*Date Reported to DCS, if Patient under 16 (month, day, year):

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Reports for all other patients shall be submitted to the Indiana State Department of Health no later than 30 days after each termination is performed. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5(d). Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410 City or town, of pregnancy termination County of pregnancy termination **MERRILLVILLE** LAKE Patient's age\*\* Date of pregnancy termination Education Married 39 Yes No High School Diploma or GED 07/25/2018 Ethnicity Asian
White ☐ American Indian or Alaska Native ☐ Black or African American Hispanic or Latino Not Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander Unknown Other ☐ Unknown Number now living Number now deceased **Live Births:** Number of induced terminations Number of spontaneous terminations Other Terminations: Dates of terminations (Do not include this termination. If more than six (6), those most recent.) <sub>2.</sub> UNKNOWN UNKNOWN List any preexisting medical conditions of the patient that may Fetus delivered alive? If yes, length of time fetus survived: complicate the abortion ☐ Yes ■ No Fetus viable? If viable, medical reason for termination: Complication(s) of Pregnancy Termination ☐ Yes ■ No ☐ Uterine Perforation ■ None ☐ Cervical Laceration Hemorrhage Pathological examination If yes, results: □ Retained Products ☐ Infection performed? ☐ Other (Specify) ☐ Yes ■ No Did this termination of pregnancy result in a maternal death? ☐ Yes Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostoi
☐ Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprosion
☐ Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Misoprostol For Medical (Nonsurgical) procedures, answer the following question For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed Check the box indicating the following items were completed ☐ The manufacturer's instructions provided to the patient ☐ The manufacturer's instructions provided to the patient ☐ The patient signed the patient agreement The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) For Medical (Surgical) procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No ☐ Yes ■ No If the previous question was answered yes, complete the following questions. If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? ☐ Yes ☐ No ☐Yes ☐No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? the pregnant woman? List the name of the second doctor present, as required under IC 16-34-2-3(a)(3) List the name of the second doctor present, as required under IC 16-34-2-3(a)(3) n/a Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 05/11/2018 10 8 How were the gestational age and post fertilization age determined? ULTRASOUND Was a waiver of consent obtained? ■ No ■ No Was a waiver of notification obtained? ☐ Yes ☐ Yes Is the patient seeking an abortion as a result of being any of the following? ☐ Abused ☐ Coerced □ Harassed ☐ Trafficked Full name of physician performing termination DR. SARAH JULIA TURNER Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					City or t	town, of pre	gnancy to		ı	County of p	oregnancy termination  LAKE	
Patient's age** 38	Marrie	ed ■ Yes □ No	Date of pregna	ancy term 07/25/201		Ed	ucation		Some Co	ollege, No D	Degree	
	n or Othe	ka Native er Pacific Islander umber now living	Asian White	☐ Blac		an America	J	Jnknown nber now	Not l	y anic or Latino Hispanic or L		
Live Births:	N	umber of spontaneou	1 us terminations						duced termi	nations		
Other Termination  Dates of termination	15.		2	an sir (6	) those m	ost recent )	- Turi			0		
1. UNKNOWN		UNKNOWN	3		, mose m	4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				compl	y preexistin		ditions of the patient that may	
Fetus viable?		If viable, medical	reason for termi	ination:				n/a				
☐ Yes ■	No								None		Uterine Perforation	
Pathological examin	nation	If yes, results:							Hemorrhag Infection	ge ∐ □	Cervical Laceration Retained Products	
performed? ☐ Yes ■	No								Other (Spec	_	retained Froducts	
								Did th			ncy result in a maternal death?	
		•		Type	of Termi	nation Proce	edures					
Procedure that Term	ninated P	regnancy		1 ypc				ire that Te	rminated P	regnancy		
Medical (Nonsi Medical (Nonsi Medical (Nonsi	urgical)	Misoprostol			☐ Medi	cal (Non:	surgical)	Mifepriston Misoprosto Other (Spec	l			
Wiedlear (Nonsi	urgicar)	Other (specify)			ivicus	cai (140ii	surgicar)	Other (Spec	<i>(gy)</i>			
	cating the rer's instr	e following items we ructions provided to	ere completed	stion	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  The patient signed the patient agreement							
The patient sign  Medical (Surgi									atient agree tion Curetta			
	cal) Mei	nstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
	le or hav	edures, answer the fo	• .			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes ☐ If the previous quest	☐ No tion was	answered yes, comp	lete the followin	g questio	ons.	_	_	☐ No stion was	answered y	es, complete t	the following questions.	
Was the fetus given  ☐ Yes [		opportunity to survi	ve?				fetus giv Yes		t opportunit	ry to survive?		
	ired the	determination that procedure to avert of				condition		quired the			e pregnant woman had a h or serious impairment to	
List the name of the	0(3)	List the r	name of tl	he second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)					
Date last normal me	_	an <b>06/2018</b>		Physicia	an estimat	e of gestatio	n (in wee	eks)	Post fe	ertilization age	e of the fetus (in weeks) 4	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons		100				a waiver of				Yes	■ No	
Is the patient seeking			g any of the follow	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. SARAH JULIA	_	-										
Address of physicia 8590 GEORGETO	-	-		city, stat	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410		City or t	own, of pregna				County of p	pregnancy termination <b>LAKE</b>				
Patient's age**	Marrie	d	Date of pregn	ancy termi	ination	Educa	tion					
20		Yes No	(	07/25/201	8					ollege, No D	Degree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American	_	known	■ Not I	y anic or Latino Hispanic or L		
Live Births:	N	umber now living	1				Numb	per now c	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of ind	uced termi	nations 0		
Dates of termination	ns (Do no	t include this termin	ation. If more to	han six (6)	, those m	ost recent.)						
1						4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may	
7		70 : 11	g .					n/a				
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:				-	Compli	cation(s) of P	Pregnancy Termination	
								<b>•</b> 1	None		Uterine Perforation	
Pathological examin	nation	If yes, results:							Hemorrhag	ge 🗆	Cervical Laceration	
performed?	nation	ii yes, iesuits.				☐ Infection ☐ Retained Products						
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal death?	
		1						☐ Ye	s 🔳 N	U		
				Type	of Termi	nation Procedur						
Procedure that Term						Additional Pr						
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprosto			
Medical (Nons						Other (Spec						
		rocedures, answer th		estion							lowing question	
	-	e following items we	_			Check the bo				items were covided to the		
The patient sign		uctions provided to tient agreement	tne patient						atient agree		patient	
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ige		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi r (Specify)			
	icur) our	or (Specify)				Ivicalcui	(Buigie	ui) Oiiic	т (вресду)			
, -		dures, answer the fo	• .			For Medical	-					
	le or have No	e a post fertilization	age at least 20 v	weeks?		Was the fe		le or hav No	e a post fei	rtilization age	e at least 20 weeks?	
	_	answered yes, comp	lete the following	ng questio	ns.	_			inswered y	es, complete	the following questions.	
	n the best □No	opportunity to survi	ve?						opportunit	ty to survive?		
	_		a	_			Yes [					
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to	
the pregnant woman				•		the pregnan			1			
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)	
n/a			<u></u> _			<u> </u>						
Date last normal me	_			Physicia	n estimat	e of gestation (i	n weeks	5)	Post fe	ertilization ag	ge of the fetus (in weeks)	
How were the gesta		20/2018  e and post fertilization	n age determin	ed?		11					9	
ULTRASOUND		poor recuiredin										
Was a waiver of cons	sent obtain	ned?	; I N	Jo	Was	a waiver of not	ificatio	n obtaine	ed?	☐ Yes	■ No	
Is the patient seeking					Abu			Coerced		Harassed	☐ Trafficked	
Full name of physic												
DR. SARAH JULIA												
Address of physicia 8590 GEORGETO	-	ning termination (nu AD. INDIANAPOL		t, city, state	e, and zip	code)						
		·,										
**Date Reported	to DCS	, if Patient under	6 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					MERRILLVILLE				County of p	oregnancy termination  LAKE		
Patient's age** 31	Marrie [	d Yes No	Date of pregna	ancy term 07/18/20		Edu	cation	н	igh Scho	ol Diploma	or GED	
	n or Othe	ka Native r Pacific Islander umber now living	Asian White	☐ Blac		an American	☐ Ur	nknown ber now d	■ Not I	/ anic or Latino Hispanic or L		
Live Births:	N	umber of spontaneou	3 us terminations						uced termi	nations		
Other Termination  Dates of termination	15.	_	1	an sir (6	) those m	ost recent )	1 (dill)	oci oi iiid		2		
1. 01/10/2018		07/28/2015	3. UNKN			4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				complic	preexisting preexi		ditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				n/a				
☐ Yes ■	No								None		Uterine Perforation	
Pathological examin	nation	If yes, results:							Hemorrhag nfection	e 📙	Cervical Laceration Retained Products	
performed? ☐ Yes ■	No								Other (Spec	_	returned Froducts	
								Did this			ncy result in a maternal death?	
				Type	of Termi	nation Proces	dures	•				
Procedure that Term	ninated P	regnancy		- 1100		Additional		e that Ter	minated Pi	regnancy		
Medical (Nonsi									lifepriston			
Medical (Nonsi									Misoprostol Other (Spec			
For Medical (Nonsu Check the box indic	cating the		ere completed	stion	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient							
■ The patient sign	ed the pa	tient agreement							tient agree			
Medical (Surgion Medica	cal) Mer	nstrual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgic			• 1			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
	le or have	e a post fertilization	age at least 20 v	veeks?				le or have	e a post fei	tilization age	at least 20 weeks?	
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		g questio	ns.	Was the f	-	n the best	-	es, complete t y to survive?	the following questions.	
	ired the	determination that procedure to avert of					that requ	uired the			e pregnant woman had a h or serious impairment to	
List the name of the	-34-2-3(a)	(3)	List the na	ame of the	e second o	loctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)				
Date last normal me	-	an 23/2018		Physicia	n estimat	e of gestation 8	ı (in week	es)	Post fe	rtilization age	e of the fetus (in weeks)  6	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?					•			
Was a waiver of cons		10.				a waiver of r				Yes	■ No	
Is the patient seeking			g any of the follo	wing?	☐ Abu	ısed		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. SARAH JULIA	-	-										
Address of physicia 8590 GEORGETO	-	-		, city, stat	e, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

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Facility Name and A	City or	town, of p	•	ncy tern	nination	. ,	County		-	ermination				
Patient's age**			Date of pregn	anay tarm	ination		Educati		-					
25	Marrie [	ed ☐ Yes ■ No		0 <b>7/18/20</b> 1		1	Educan	1011	H	High Scho	ool Diplo	ma or G	SED	
Race American Indian Native Hawaiian Live Births:	n or Othe		Asian White	☐ Blac	k or Afric er	can Ameri	can	Unl			anic or La Hispanic o	r Latino	ı	Unknown
	N	umber of spontaneo	us terminations					Numb	er of inc	duced termi	nations			
Other Termination  Dates of termination	15.		3	han sir (6	) those m	ost recent	f )				2			
102/08/2013	2	08/29/2017	3. UNKI	NOWN		4. UNKN				UNKNOW		6		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:						y preexisting the properties of the properties o	-	condition	ns of th	ne patient that may
Fetus viable?		If viable, medical	reason for term	ination:						0 1		c n		
Pathological examir performed?	nation	If yes, results:								Compli- None Hemorrhag Infection Other (Spe	ge	Ute	erine P	ermination erforation Laceration Products
												nancy re	esult in	a maternal death?
		<u> </u>		<i>-</i>	6.T	. ,			☐ Ye	es 🔳 N	U			
Dragodyna that Torra	ningted D	ragnon av		Туре	of Termi				that Ta	rminatad D	room on ou			
Procedure that Tern  Medical (Nons Medical (Nons Medical (Nons	urgical) urgical)	Mifepristone Misoprostol				Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)								
For Medical (Nonsu Check the box indices of the manufacture) The manufacture of the manuf		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)							tion					
☐ Yes If the previous ques Was the fetus giver ☐ Yes	le or hav  No tion was the best	e a post fertilization	age at least 20 v lete the following ve?	weeks? ng questio		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?  Yes No								
	iired the	procedure to avert				condi		at requ	ired the					woman had a s impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the	e name	of the	second	doctor pres	sent, as re	quired u	nder I	C 16-34-2-3(a)(3)
Date last normal me	_	an <b>08/2018</b>		Physicia	an estimat	te of gesta	tion (in	ı weeks	:)	Post fe	ertilization	_	he fetu 3	ıs (in weeks)
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?										
Was a waiver of cons	sent obtai	ned?	s • N	lo	Was	a waiver	of noti	fication	n obtain	ed?	Yes		No	
Is the patient seeking	an aborti	on as a result of being	g any of the follo	wing?	☐ Abı	used		☐ C	oerced		Harasse	d 🗌	Traf	ficked
Full name of physic DR. SARAH JULIA	A TURN	ER												
Address of physicia 8590 GEORGETO	-	=		t, city, stat	e, and zip	o code)								
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	City or	town, of pregna				County of p	oregnancy termination  MARION			
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion						
30		Yes No	(	07/28/201	18			ŀ		ool Diploma	or GED		
Race American Indiar Native Hawaiiar	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Blac		an American		known	☐ Not I	y anic or Latino Hispanic or La			
Live Births:	N	umber now living	3				Numb	er now o	leceased	0			
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi	nations <b>0</b>			
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6,	), those m	ost recent.)							
1	2	·				4		5			6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo	-	nditions of the patient that may		
F ( 110		76 : 11 I: 1	<u> </u>	. ,.				N/A					
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:					Compli	cation(s) of P	regnancy Termination		
	110							•	None		Uterine Perforation		
D 4 1 1 1 1 1		TC I							Hemorrhag	ge 🔲	Cervical Laceration		
Pathological examin performed?	nation	If yes, results:							Infection		Retained Products		
☐ Yes ■	No								Other (Spec	cify)			
											ncy result in a maternal death?		
								☐ Ye	s IN	0			
				Туре	of Termi	nation Procedur	res						
Procedure that Term						Additional Pr							
☐ Medical (Nonsu ☐ Medical (Nonsu					☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol								
	Medical (Nonsurgical) Other (Specify)								Other (Spec				
For Medical (Nonsu	rgical) pi	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the foll	owing question		
Check the box indic	-	•				Check the bo							
☐ The manufactur☐ The patient sign			the patient						uctions pro atient agree	ovided to the perment	patient		
Medical (Surgional Control Contro									ion Curetta		<del>-</del>		
Medical (Surgio	cal) Mer	strual Aspiration				☐ Medical			strual Aspi				
Medical (Surgio	cai) Otn	er (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic						For Medical (							
	le or have	e a post fertilization	age at least 20	weeks?		Was the fet		le or hav ] No	e a post fei	rtilization age	at least 20 weeks?		
If the previous quest		answered yes, comp	lete the following	ng questio	ns.	_			nswered y	es, complete t	the following questions.		
		opportunity to surviv	ve?						opportunit	ty to survive?			
☐Yes [	□No					<u> </u>	Yes [	□ No					
		determination that procedure to avert of									e pregnant woman had a		
the pregnant woman		procedure to avert	icatii oi scriou	, пиранти	one to	the pregnan			procedure	to avert deat	th or serious impairment to		
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)		
N/A										, 1			
Date last normal me	_			Physicia	n estimat	e of gestation (i	n weeks	s)	Post fe	ertilization age	e of the fetus (in weeks)		
How ware the		KNOWN	on ago dot	ad2		7					5		
How were the gestat  ULTRASOUND	попат ад	e anu post tertilizatio	ni age determin	eu!									
Was a waiver of cons	ant abtai	and) 🗆 🕶		т	117	o woive - C	ifiac.	n ch4-'	nd9	□ v-	■ N		
Is the patient seeking					Was ☐ Abı	a waiver of not		oerced	zu!	Yes Harassed	■ No  □ Trafficked		
Full name of physics			,, or and rolle					22.004		,			
DR. CASANDRA C	_	-											
Address of physician	-	-		t, city, stat	e, and zip	code)							
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268										
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Reports for all other patients shall be submitted to the Indiana State Department of Health no later than 30 days after each termination is

performed. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5(d). City or town, of pregnancy termination Facility Name and Address
PIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 County of pregnancy termination **INDIANAPOLIS** MARION Patient's age\*\* Date of pregnancy termination Education Married 45 Yes No 07/28/2018 **Associate Degree** Ethnicity Asian
White ☐ American Indian or Alaska Native ☐ Black or African American Hispanic or Latino Not Hispanic or Latino Native Hawaiian or Other Pacific Islander Unknown Other ☐ Unknown Number now living Number now deceased Live Births: Number of induced terminations Number of spontaneous terminations Other Terminations: Dates of terminations (Do not include this termination. If more than six (6), those most recent.) List any preexisting medical conditions of the patient that may Fetus delivered alive? If yes, length of time fetus survived: complicate the abortion ☐ Yes ■ No Fetus viable? If viable, medical reason for termination: Complication(s) of Pregnancy Termination ☐ Yes ■ No ☐ Uterine Perforation ■ None Cervical Laceration Hemorrhage Pathological examination If yes, results: □ Retained Products Infection performed? ☐ Other (Specify) ☐ Yes ■ No Did this termination of pregnancy result in a maternal death? ☐ Yes Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprosion
☐ Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) For Medical (Nonsurgical) procedures, answer the following question For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed Check the box indicating the following items were completed ■ The manufacturer's instructions provided to the patient ☐ The manufacturer's instructions provided to the patient ■ The patient signed the patient agreement The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) For Medical (Surgical) procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? ☐ Yes ☐ No ☐Yes ☐No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? the pregnant woman? List the name of the second doctor present, as required under IC 16-34-2-3(a)(3) List the name of the second doctor present, as required under IC 16-34-2-3(a)(3) Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) UNKNOWN 5 How were the gestational age and post fertilization age determined? ULTRASOUND Was a waiver of consent obtained? ■ No ☐ Yes ■ No Was a waiver of notification obtained? ☐ Yes Is the patient seeking an abortion as a result of being any of the following? ☐ Abused ☐ Coerced ☐ Harassed ☐ Trafficked Full name of physician performing termination DR. CASANDRA CASHMAN Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268 \*\*Date Reported to DCS, if Patient under 16 (month, day, year):

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	INDIANAPOLIS				County of p	oregnancy termination MARION			
Patient's age** 26	Marrie	d Yes • No	Date of pregn	ancy term 07/25/20		Educ	ation	н	ligh Scho	ol Diploma	or GED	
Race American Indian Native Hawaiian		ka Native r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		ıknown		y anic or Latino Hispanic or La		
Live Births:		umber now living	1		<u> </u>			per now d		0 <b>0</b>	duno 🔲 Unknown	
Other Termination	ns: N	umber of spontaneo	us terminations				Numb	per of ind	uced termi			
Dates of termination	ns (Do no	ot include this termin	nation. If more th	han six (6	), those m	ost recent.)	1					
Fetus delivered alive		If yes, length of ti	ime fetus survivo	ed:		4		compli	y preexistin	-	ditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				n/a				
☐ Yes ■	No								None		regnancy Termination  Uterine Perforation  Cervical Laceration	
Pathological examin performed?		If yes, results:						_ I	Hemorrhag Infection Other (Spec		Retained Products	
L les L	INO								\ <u>1</u>			
								Did this			ncy result in a maternal death?	
				Туре	e of Termi	nation Proced	ıres					
Procedure that Term		•			Additional Procedure that Terminated Pregnancy							
Medical (Nonsi     Medical (Nonsi     Medical (Nonsi	urgical)	Misoprostol				☐ Medica	l (Nonsu	ırgical) N	Mifepriston Misoprostol Other (Spec	l		
For Medical (Nonsu Check the box indic  The manufactur  The patient sign  Medical (Surgi Medical (Surgi	stion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration									
Medical (Surgion	cal) Oth	er (Specify)				☐ Medical (Surgical) Other (Specify)  For Medical (Surgical) procedures, answer the following question.						
		edures, answer the for e a post fertilization	- 1			Was the f	etus viab				ing question. at least 20 weeks?	
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ng questio	ons.	Was the fe	-	n the best	-	es, complete try to survive?	the following questions.	
	ired the	determination that procedure to avert					that requ	aired the			e pregnant woman had a h or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nar	ne of the	e second o	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	-	an 31/2018		Physicia	an estimat	e of gestation	(in week.	s)	Post fe	ertilization ago	e of the fetus (in weeks)  6	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
Was a waiver of cons						a waiver of no				Yes	■ No	
Is the patient seeking Full name of physic			g any of the follo	wing'?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked	
DR. CASANDRA C	CASHMA	AN										
Address of physicia 8590 GEORGETO	-	-		, city, sta	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905		LAFAYETTE				County of p	regnancy termination TIPPECANOE					
Patient's age** 27	Marrie	ed Yes No	Date of pregna	nncy term 7/18/201		Ec	lucation		High Scho	ol Diploma	or GED	
	n or Othe	ka Native er Pacific Islander fumber now living	Asian White	☐ Black		an America		Unknown		y anic or Latino Hispanic or La		
Live Births:			3						nduced termi	0		
Other Termination	15.	umber of spontaneou	0				INU	ilibel of il	nduced termi	1 1		
Dates of termination 1. 06/27/2017	1S ( <i>Do no</i>	ot include this termin	ation. If more th	an six (6)	), those m	ost recent.) 4.		5.			6.	
Fetus delivered alive		If yes, length of ti		ed:				comp	any preexistin	-	ditions of the patient that may	
Fetus viable?		If viable, medical	reason for termi	nation:				n/a				
☐ Yes ■	No							•	None		Tegnancy Termination Uterine Perforation	
Pathological examir	nation	If yes, results:							Hemorrhag Infection	ge 📙	Cervical Laceration Retained Products	
performed?  Yes	No								Other (Spec	_	Retained Froducts	
								Did ti			cy result in a maternal death?	
				Tvne	of Termi	nation Proc	edures	*				
Procedure that Term	ninated P	regnancy		- 1100	,_ 1411III			ure that T	erminated Pr	regnancy		
Medical (Nons									Mifepriston			
Medical (Nonsi									Misoprostol Other (Spec			
Check the box indice.  The manufacture.	eating the rer's insti	rocedures, answer the following items we ructions provided to	ere completed	stion	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient							
The patient sign									patient agree ction Curetta			
Medical (Surgi	cal) Mei	nstrual Aspiration				Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)						
Was the fetus viab	le or hav	edures, answer the fo				For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
	☐ No tion was	answered yes, comp	lete the followin	g questio	ns.		☐ Yes vious que	☐ No estion was	s answered ye	es, complete t	he following questions.	
Was the fetus given  ☐ Yes [		opportunity to surviv	ve?				fetus giv		est opportunit	ty to survive?		
	ired the	determination that procedure to avert of				condition		equired th			pregnant woman had a h or serious impairment to	
List the name of the	-34-2-3(a)	(3)	List the	name of t	the second	d doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)				
Date last normal me	n estimat	e of gestation	on (in we	eks)	Post fe	ertilization age	e of the fetus (in weeks) 7					
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons					Was	a waiver of				Yes	■ No	
Is the patient seeking			any of the follow	wing?	☐ Abu	ised		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. SARAH JULIA	_											
Address of physicia 8590 GEORGETO	-	ming termination (nu AD, INDIANAPOL		city, stat	e, and zip	code)						
**Date Reported	to DCS	s, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905					City or t	town, of pre	gnancy to		1	County of p	oregnancy termination TIPPECANOE
Patient's age** 22	Marrie	d ■ Yes □ No	Date of pregna	ancy term		Ed	ucation		Some Co	ollege, No D	)egree
Race American Indian Native Hawaiian Live Births:	n or Othe	ka Native or Pacific Islander umber now living	Asian White	☐ Black		an America	J	Jnknown nber now	■ Not l	y anic or Latino Hispanic or La	
	N	umber of spontaneou	us terminations				Nun	nber of in	duced termi	nations	
Other Termination  Dates of termination	15.		0	han sir (6)	thosom	act maant l				0	
1	2		3	ian six (0)		4		5			6
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				compl	ny preexistin icate the abo	-	nditions of the patient that may
Fetus viable?		If viable, medical	reason for termi	ination:				n/a			
Yes Yes	No	ii viaole, incurcar	reason for terms	mation.					None		Uterine Perforation
Pathological examir	nation	If yes, results:						1	Hemorrhag Infection	e 🗆	Cervical Laceration Retained Products
performed?	No								Other (Spec	_	retained Froducts
								Did th			ncy result in a maternal death?
				Туре	of Termi	nation Proc	edures			· ·	
Procedure that Term	ninated P	regnancy		71				are that Te	erminated P	regnancy	
Medical (Nonsi Medical (Nonsi Medical (Nonsi	urgical)	Misoprostol				☐ Med	ical (Non:	surgical)	Mifepriston Misoprosto Other (Spec	l	
For Medical (Nonsu	roical) n	rocedures answerth	e following que	stion		For Medi	cal (Nons	urgical) n	ocedures a	nswer the follo	owing question
Check the box indic	cating the	e following items we	ere completed			Check the	e box ind	icating the	e following	items were co	ompleted
The manufactur  The patient sign		ructions provided to tient agreement	the patient						ructions pro atient agree	wided to the property	patient
☐ Medical (Surgi	cal) Suc	tion Curettage				☐ Med	ical (Surg ical (Surg	gical) Suc gical) Mer	tion Curettanstrual Aspi er (Specify)	ge ration	
		edures, answer the for e a post fertilization				Was th	e fetus via				ring question. e at least 20 weeks?
If the previous ques Was the fetus given	the best	answered yes, comp opportunity to survi		ng question	ns.	Was the	-	en the bes	-	es, complete t ty to survive?	the following questions.
What was the ba	sis for ired the	determination that procedure to avert of				What v	vas the	basis for			e pregnant woman had a h or serious impairment to
List the name of the	-34-2-3(a)	(3)	List the 1	name of tl	he second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)			
Date last normal me	05/	22/2018		,	n estimat	e of gestation	on (in wee	eks)	Post fe	ertilization age	e of the fetus (in weeks) 7
How were the gesta	tional ag	e and post fertilization	on age determine	ed?							
Was a waiver of cons		10.				a waiver of				☐ Yes	■ No
Is the patient seeking			g any of the follow	wing?	☐ Abu	ised		Coerced		Harassed	☐ Trafficked
Full name of physic DR. SARAH JULIA	-	-									
Address of physicia 8590 GEORGETO	-	-		, city, state	e, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905		City or t	town, of pro	egnancy t		on	County of p	regnancy termination TIPPECANOE				
Patient's age** 25	Marrie [	d Yes No	Date of pregna	ancy term 07/18/201		Ес	ducation		High Scho	ol Diploma	or GED	
	n or Othe	ka Native r Pacific Islander umber now living	Asian White	☐ Blacl		an America		Unknown		/ anic or Latino Hispanic or La		
Live Births:			0						nduced termi	0		
Other Termination	15.	umber of spontaneou	0					ilibel of il	nduced termi	1 1		
Dates of termination 1. 10/06/2015	1S ( <i>Do no</i> 2	ot include this termin	ation. If more th	ian six (6)	), those m	ost recent.) 4.		5.			6.	
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:				comp	any preexistin	-	ditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				n/a				
☐ Yes ■	No	,						•	None		Tegnancy Termination Uterine Perforation	
Pathological examin	nation	If yes, results:						$\exists \ \exists$	Hemorrhag Infection	e 📙	Cervical Laceration Retained Products	
performed? ☐ Yes ■	No								Other (Spec	_	retained Froducts	
								Did tl			cy result in a maternal death?	
				Tuna	of Termi	nation Proc	edures					
Procedure that Term	ninated P	regnancy		1 ypc	J. IVIIII			ure that T	erminated Pr	regnancy		
Medical (Nonsi	urgical)	Mifepristone				☐ Med	ical (Nor	surgical)	Mifepriston	e		
Medical (Nonsi									Misoprostol Other (Spec			
	cating the rer's instr	e following items we ructions provided to	ere completed	stion	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient							
The patient sign  Medical (Surgi									patient agree ction Curetta			
	cal) Mer	nstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgic		edures, answer the fo	• .			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes	☐ No	_				[	Yes	☐ No				
If the previous quest Was the fetus given  ☐ Yes [	the best	opportunity to survi		ng questio	ns.	Was the	_	ven the be	-	es, complete t y to survive?	he following questions.	
	ired the	determination that procedure to avert of				condition		equired th			pregnant woman had a h or serious impairment to	
List the name of the	-34-2-3(a)	List the	name of	the second	d doctor pres	sent, as requir	ed under IC 16-34-2-3(a)(3)					
Date last normal me	-	an <b>20/2018</b>		Physicia	n estimat	e of gestation	on (in we	eks)	Post fe	rtilization age	e of the fetus (in weeks)  6	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?		_		_				
Was a waiver of cons		10.			Was	a waiver of				Yes	No	
Is the patient seeking			g any of the follo	wing?	☐ Abu	ised		Coerced		Harassed	☐ Trafficked	
Full name of physic DR. SARAH JULIA	-	-										
Address of physician 8590 GEORGETO	-	-		, city, stat	e, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	IN, 46268	City or	town, of pregna	•			County of J	pregnancy termination MARION	1				
Patient's age**	Marrie	ed.	Date of pregn	ancy term	ination	Educa	tion						
18	_	Yes No		07/25/201				H	ligh Scho	ol Diploma	or GED		
Race American India Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Blac		an American		known	Not I	y anic or Latine Hispanic or L		own	
Live Births:	N	umber now living	0				Numb	per now o	leceased	0			
Other Termination	ns: N	umber of spontaneo	us terminations				Numb	er of ind	uced termi	nations <b>0</b>			
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6,	), those m	ost recent.)							
1	2	L	3			4		5			6		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo		nditions of the patient t	hat may	
E-tur-viahlan		Ifi-l-1di1		·				n/a					
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination	1	
									None		Uterine Perforation		
Dath alogical aversis	nation	If yes, results:							Hemorrhag	e 🗆	Cervical Laceration		
Pathological examing performed?	nation	ii yes, resuits:							Infection		Retained Products		
☐ Yes ■	No								Other (Spec	cify)			
											ncy result in a materna	al death?	
		<u> </u>						☐ Ye	s 🔳 N	υ			
				Туре	of Termination Procedures  Additional Procedure that Terminated Pregnancy								
Procedure that Term		•								•			
☐ Medical (Nons ☐ Medical (Nons						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol							
Medical (Nons	urgical)	Other (Specify)			☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)				
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed													
	_	e following items we ructions provided to	_					_	_	items were ovided to the	-		
☐ The manufacture ☐ The patient sign			the patient						tient agree				
Medical (Surgi									ion Curetta				
Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi r (Specify)				
F M-J:1 (S:	1)		11			For Medical (Surgical) procedures, answer the following question.							
For Medical (Surgion Was the fetus viab		e a post fertilization					_				or ing question.  The at least 20 weeks?		
☐ Yes	■ No					☐ Y	es [	No					
If the previous ques		answered yes, comp opportunity to survi		ng questio	ns.	_	-		-	_	the following question	1S.	
	□ No	opportunity to sulvi	,				us giver Yes [		opportunit	ty to survive?			
		determination that									e pregnant woman		
the pregnant woman		procedure to avert	acam or serious	s impairme	ziii lO	condition the			procedure	to avert dear	th or serious impairm	ent to	
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent as requi	red under IC 16-34-2	-3(a)(3)	
n/a	Second d			(a)		2.50 die nam	. J. III	Joedhu		, 45 10441		J (4)(J)	
Date last normal me	_			Physicia	ın estimat	e of gestation (i	n week:	5)	Post fe	ertilization ag	e of the fetus (in week	<i>(s)</i>	
How were the gesta		03/2018 e and post fertilization	on age determin	ed?		7					2		
ULTRASOUND	o.iui ug	a poor returnauti	450 4010111111										
Was a waiver of cons	sent obtain	ned? \( \sum \) Yes	s • N	Jo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No		
Is the patient seeking					☐ Abı			Coerced		Harassed	☐ Trafficked		
Full name of physic	ian perfo	rming termination											
DR. CASANDRA (													
Address of physicia 8590 GEORGETO	-	=		t, city, stat	e, and zip	code)							
2000 02010		,	, 10200										
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	IN, 46268	City or	town, of pregna	•			County of		termination RION				
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion			-			
31	_	Yes No	(	07/25/20 <sup>-</sup>	18					Grade or Le	ess		
Race American India Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		known	Not I	y anic or Latin Hispanic or L		□ Unknown	
Live Births:	N	umber now living	2				Numb	er now o	deceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations <b>0</b>				Numb	er of inc	luced termi	nations <b>0</b>			
Dates of termination		ot include this termin						5			6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin		nditions of	the patient that may	
Estera edable 2		Tf.::-LlJ:l	ft	·				n/a					
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy	Termination	
								▣	None		-	Perforation	
Pathological examir	nation	If yes, results:						_	Hemorrhag		•	l Laceration	
performed?		ii yes, resuits.							Infection	-:6.)	Retaine	d Products	
☐ Yes ■	No								Other (Spec	cify)			
								Did thi			ncy result	in a maternal death?	
				Type	of Termi	nation Procedu	res						
Procedure that Term	ninated P	regnancy		1,100	or remin	Additional Pr		e that Te	rminated P	regnancy			
Medical (Nons	urgical)	Mifepristone				☐ Medical	(Nonsu	rgical) l	Mifepriston	e			
Medical (Nonsi						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
_	,	1 337						0 /	. 1	337			
For Medical (Nonsu	rgical) p	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the fol	lowing au	estion	
Check the box indic	cating the	e following items we	ere completed			Check the bo	x indic	ating the	following	items were o	completed		
The manufactur  The patient sign		ructions provided to	the patient						uctions pro atient agree	wided to the	patient		
☐ Medical (Surgi	cal) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge			
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi er (Specify)				
Wiedical (Burgi	cui) Oui	or (Specify)				Wiedicar	(Buigie	ai) Oui	л (Бресцу)				
						For Medical (Surgical) procedures, answer the following question.							
For Medical (Surgic		edures, answer the fo e a post fertilization								ver the follow rtilization age			
	□ No	e a post fertilization	age at least 20	WCCKS!			es [		e a post lei	tilization age	e at icast 2	O WEEKS?	
If the previous ques				ng questio	ns.	_	-		-	-		ving questions.	
	i the best ☐No	opportunity to survi-	ve?				us giver Yes 🏻 🖺		t opportunit	ty to survive?	•		
What was the ba	sis for	determination that	the pregnant	woman ł	nad a	What was	the ha	eie for	determinat	tion that the	e nregnar	nt woman had a	
condition that requ	iired the	procedure to avert				condition tl	hat requ	ired the				ous impairment to	
the pregnant woman	n?					the pregnan	t woma	n?					
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)	
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in weeks	5)	Post fe	ertilization ag	ge of the fe	etus (in weeks)	
	06/	03/2018		-		6					4		
How were the gesta  ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?									
Was a waiver of cons	sent obtain	ned? Yes	s • N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	g any of the follo	wing?	Abı	ısed		Coerced		Harassed	☐ Tra	afficked	
Full name of physic	-	-											
Address of physicia			mber and stree	t, city stat	te, and zin	(code)							
8590 GEORGETO	-	-		, j, sim	., Lep	/							
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590	0 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 4626	City or	INDIANAPOLIS				oregnancy termination  MARION		
Patient's age** Married	Yes • No	Date of pregnancy to <b>07/25/</b>		Educa	tion	High Sch	ool Diploma	or GED		
Race American Indian or Alaska		☐ Asian ☐ B	Black or Afric	an American			panic or Latino			
Native Hawaiian or Other Live Births:	Pacific Islander mber now living		Other		Unkn Number	nown Not	Hispanic or L	atino Unknown		
	mber of spontaneou	as terminations			Number	of induced term				
Dates of terminations (Do not	include this termin	<b>1</b> ation. If more than six	(6), those m	ost recent.)			0			
1. UNKNOWN 2.		3		4		5		6		
Fetus delivered alive?  ☐ Yes ■ No	If yes, length of ti	me fetus survived:			l I	List any preexisti complicate the ab	•	nditions of the patient that may		
Fetus viable?	If violate madical	reason for termination				N/A				
Yes No	ii viaole, illeulear	reason for termination	1.			Compl	ication(s) of P	regnancy Termination		
						■ None  Hemorrha		Uterine Perforation Cervical Laceration		
Pathological examination	If yes, results:					☐ Infection				
performed?  Yes No						Other (Spe	ecify)			
						Did this terminat  Yes  N		ncy result in a maternal death?		
		T	vne of Termi	nation Procedu						
Procedure that Terminated Pre	egnancy	1	урс от теппп			hat Terminated I	Pregnancy			
Medical (Nonsurgical) M						ical) Mifepristo				
Medical (Nonsurgical) Medical (Nonsurgical) O				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
For Medical (Nonsurgical) pro						cal) procedures,				
Check the box indicating the the The manufacturer's instru-	_	-				ing the following s instructions pr	_	*		
The patient signed the patient						the patient agre				
Medical (Surgical) Suction  Medical (Surgical) Mens	trual Aspiration			☐ Medical	(Surgical)	<ul><li>) Suction Curett</li><li>) Menstrual Asp</li></ul>	oiration			
Medical (Surgical) Other	(Specify)			☐ Medical	(Surgical)	) Other (Specify	·)			
				For Medical (Surgical) procedures, answer the following question.						
For Medical (Surgical) proced Was the fetus viable or have		• .	,					ving question. e at least 20 weeks?		
☐ Yes ☐ No				□ Y	es 🗌	No				
If the previous question was an Was the fetus given the best o			stions.	-	•	n was answered y he best opportun		the following questions.		
☐Yes ☐No	11 3			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes	No No	ity to survive.			
What was the basis for do condition that required the p								e pregnant woman had a th or serious impairment to		
the pregnant woman?		or serious impu		the pregnan			to avert deal	in or serious impairment to		
List the name of the second doo	ctor present, as requ	ired under IC 16-34-2-3	3(a)(3)	List the nam	e of the se	econd doctor pre	esent, as requi	red under IC 16-34-2-3(a)(3)		
Date last normal menses began	n	Phys	ician estimat	e of gestation (i	in weeks)	Post f	fertilization ag	e of the fetus (in weeks)		
How were the gestational age	8/2018	n age determined?		9				7		
ULTRASOUND	and post retunzant	ni age determined?								
Was a waiver of consent obtained	ed?	No	Was	a waiver of not	tification of	obtained?	Yes	■ No		
Is the patient seeking an abortion	n as a result of being	any of the following?	☐ Abı	ısed	Сое	erced [	Harassed	☐ Trafficked		
Full name of physician perform DR. CASANDRA CASHMAI	-									
Address of physician performi	ing termination (nu		state, and zip	code)						
8590 GEORGETOWN ROA	D, INDIANAPOL	IS, IN 46268								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	City or	INDIANAI GEIG					County of pregnancy termination MARION			
Patient's age**	Marrie	d	Date of pregn	nancy term	ination	Educa	tion						
21		Yes No	1 0	07/25/20 <sup>2</sup>			_		Some Co	ollege, No I	Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an American	☐ Un	known		y anic or Latin Hispanic or I		nown	
Live Births:	N	umber now living	0				Numb	per now o	leceased	0			
Other Termination	ns: N	umber of spontaneo	us terminations				Numb	er of ind	luced termi	nations <b>0</b>			
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)							
1	2	•	3			4		5			6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of the patient	that may	
Esteración la 2		If-i-l-1 di1	£ t	.:				n/a					
Fetus viable?  Yes	No	If viable, medical	reason for term	imation:				-	Compli	cation(s) of F	regnancy Termination	on	
									None		Uterine Perforatio	n	
Dath alogical avamin	action	If yes, results:							Hemorrhag	e 🗆	Cervical Laceration	n	
Pathological examir performed?	nation	ii yes, resuits:							Infection		Retained Products		
☐ Yes ■	No								Other (Spec	cify)			
											ncy result in a mater	nal death?	
		1						☐ Ye	s 🔳 N	υ			
				Туре	of Termi	nation Procedur							
Procedure that Term						Additional Pr				•			
<ul><li>Medical (Nons)</li><li>Medical (Nons)</li></ul>									Mifepriston Misoprosto				
Medical (Nons	urgical)	Other (Specify)			Medical (Nonsurgical) Other (Specify)								
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed													
Check the box indic		_	_					_	_	items were ovided to the	-		
The manufacture The patient sign			the patient						atient agree		patient		
Medical (Surgi						☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration							
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi er <i>(Specify)</i>				
	,												
For Medical (Surgic		dures, answer the for e a post fertilization				For Medical (					ving question. e at least 20 weeks?		
	□ No	e a post fertilization	age at least 20	WCCKS:			es [		e a post ici	tilization ag	at least 20 weeks:		
If the previous ques				ng questio	ns.	_	_		-	_	the following question	ons.	
	i the best ☐No	opportunity to survi	ve?				us giver Yes		opportunit	ty to survive?	•		
		determination that	the pregnant	woman l	nad a				datarm:	tion that the	a pragnent ware-	had c	
condition that requ	iired the	procedure to avert				condition tl	hat requ	ired the			e pregnant woman th or serious impair		
the pregnant woman	n?					the pregnan	t woma	n?					
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34-	2-3(a)(3)	
Date last 1	maga L	on		Dh' '	n coti	a of gost-till	in 1	a )	D C	etilizati -	ra of the fot /'	oka)	
Date last normal me	-	an <b>01/2018</b>		rnysicia	an estimat	e of gestation (i	n week.	s)	Post fe	aunzauon ag	ge of the fetus (in weat	:KS)	
How were the gesta			on age determin	ied?					<u> </u>				
ULTRASOUND													
Was a waiver of cons	sent obtain	ned?	s 🔳 N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	g any of the follo	owing?	☐ Abu	ısed		Coerced		Harassed	Trafficked		
Full name of physic	-	-											
Address of physicia			mher and stree	t city stat	te and sin	code)							
8590 GEORGETO	-	-		., cuy, sial	, ана хір	couc <sub>j</sub>							
**Date Reported	to DCS	, if Patient under	16 (month, day	, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of J	pregnancy MAR	termination	
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educa	tion						
33		Yes No	(	07/25/20 <sup>-</sup>	18					ter's Degre	<b>:</b> е		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		known	■ Not I	/ anic or Latino Hispanic or L		Unknown	
Live Births:	N	umber now living	0				Numb	er now o	leceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations 0				Numb	per of ind	luced termi	nations <b>0</b>			
Dates of termination													
1						4		5	•	1: 1	6	<u> </u>	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					cate the abo		iditions of	the patient that may	
								n/a					
Fetus viable?  Yes	Na	If viable, medical	reason for term	ination:					Complie	cation(s) of P	regnancy	Termination	
Li res	NO								None			Perforation	
									Hemorrhag	e $\Box$	Cervica	l Laceration	
Pathological examir performed?	nation	If yes, results:							Infection		Retained	d Products	
☐ Yes ■	No								Other (Spec	cify)			
								Did thi ☐ Ye			ncy result	in a maternal death?	
				Timo	of Tarm:	nation Procedur	res						
Procedure that Term	ninated P	regnancv		туре	OI ICIIIII	Additional Procedure		e that Te	rminated Pr	regnancy			
Medical (Nonsi		•							Mifepriston				
Medical (Nonsi									Misoprostol				
	urgreur)	other (specify)			Medical (Nonsurgical) Other (Specify)								
For Medical (Nonsu	rgical) n	rocedures answer th	e following and	estion		For Medical (	Nonsur	gical) pro	ocedures a	nswer the foll	lowing and	estion	
Check the box indic	cating the	e following items we	ere completed			Check the bo	x indic	ating the	following	items were c	completed		
The manufacture The patient sign		ructions provided to	the patient						_	vided to the	patient		
☐ Medical (Surgi						☐ Medical	(Surgic	al) Suct	ed the patient agreement al) Suction Curettage				
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi er (Specify)	ration			
i wicaicai (Suigi	car) Our	or (Specify)				success (suggests)							
For Medical (Surgic		edures, answer the fo e a post fertilization				For Medical (				er the follow tilization age	- 1		
Yes	☐ No					□ Y	es [	No	_				
If the previous ques		answered yes, comp opportunity to survi		ng questio	ns.	_	_		-	-		ring questions.	
	□ No	opportunity to survi	ve:				us giver Yes [		. opportunit	y to survive?			
		determination that				What was	the ba	sis for	determinat	ion that the	e pregnan	nt woman had a	
the pregnant woman		procedure to avert	death or serious	s impairm	ent to		hat requ	ired the				ous impairment to	
						the pregnan	t woma						
List the name of the	L brooses	octor present, as requ	ired under IC 10	C3/L2 2(c)	(3)	List the nam-	e of th-	second.	doctor pro-	ent as ross:	red under	IC 16-34-2-3(a)(3)	
List the name of the	second u	octor present, as requ	ned under ic re	)-34-2-3(a)	(3)	List the nam	e or me	second	doctor pres	ent, as requi	rea unaer	10-34-2-3(a)(3)	
Date last normal me	_			Physicia	an estimat	e of gestation (i	in week:	5)	Post fe	rtilization ag		tus (in weeks)	
How were the gesta		13/2018	n age determin	ed?		5					3		
ULTRASOUND	tional ag	e and post fertifization	m age determin	ieu :									
Was a waiver of cons	sent obtain	ned? \( \sum \) Yes	s • N	Jo	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No		
Is the patient seeking					Abı			Coerced		Harassed		afficked	
Full name of physic	ian perfo	rming termination											
DR. CASANDRA C			mbon and -to	4 aits -1 :	to and -:	anda)							
Address of physicia 8590 GEORGETO	-	-		ı, city, stat	e, ana zip	coae)							
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion						
25		☐ Yes ■ No	(	07/25/20 <sup>-</sup>	18				,	ociate Degre	ee		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American	_	known	■ Not I	/ anic or Latino Hispanic or La			
Live Births:	N	umber now living	1					er now c		0			
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of ind	uced termi	nations <b>0</b>			
Dates of termination	,	ot include this termin	· ·	, ,		*							
1		T				4		5			6		
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may		
F ( 110		YC : 11   1: 1	<u> </u>					n/a					
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Complia	cation(s) of Pr	regnancy Termination		
								• 1	None		Uterine Perforation		
Pathological examin	nation	If yes, results:							Hemorrhag	e 🗆	Cervical Laceration		
performed?	iution	ii yes, resuits.						_	Infection		Retained Products		
☐ Yes ■	No							□ '	Other (Spec	cify)			
								Did thi ☐ Ye	s termination		ncy result in a maternal death?		
				Trmo	of Tarm:	nation Procedur	-AC		<del></del> `				
Procedure that Term	ninated P	regnancy		туре	OI ICIIIII			that Te	minated P	regnancy			
☐ Medical (Nonsi		•				Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone							
☐ Medical (Nonsi									Misoprostol Other (Spec				
ivical (Nons)	urgicar)	other (specify)				Wiedlear	(140113u	igicai) (	жист (Брес	<i>(Jy)</i>			
For Medical (Nongu	raiaal) n	rocedures, answer the	o following au	ation		For Madical (	Nongur	giaal) pr	aaduraa a	ngwar tha fall	lowing question		
		e following items we		SHOII		Check the bo							
_		uctions provided to	the patient						_	vided to the j	patient		
The patient sign  Medical (Surgi									itient agree ion Curetta				
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi				
Medical (Surgion	cal) Oth	er (Specify)				Medical (Surgical) Other (Specify)							
, ,		edures, answer the fol	- 1			For Medical (	-						
	le or have	e a post fertilization a	age at least 20	weeks?		Was the fet		le or hav ] No	e a post fer	tilization age	e at least 20 weeks?		
	_	answered yes, compl	lete the following	ng questio	ns.	_			nswered y	es, complete t	the following questions.		
	the best No	opportunity to surviv	ve?				ıs given Yes [		opportunit	y to survive?			
			4		,								
		determination that procedure to avert d									e pregnant woman had a th or serious impairment to		
the pregnant woman	n?					the pregnan			•				
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
n/a	ma 1			Di- · ·	.m. c=4*:	o of ==================================		~ )	D / C	artili—-4	a of the fitting (		
Date last normal me	_	an <b>25/2018</b>		Physicia	ın estimat	e of gestation (i	n weeks	5)	Post fe	runzation age	e of the fetus (in weeks)  10		
How were the gestar	tional age	e and post fertilization	on age determin	ed?									
ULTRASOUND													
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No		
		on as a result of being	any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked		
Full name of physic DR. CASANDRA C	-	-											
		ning termination (num	mber and stree	t, city, stat	e, and zip	code)							
8590 GEORGETO	-	-											
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Addi PPIN-GEORGETOWN OR (PPO	ress GI) - 8590 Georgetown Ro <i>i</i>	AD, INDIANAPOLIS, IN, 46268	INDIANAPOLIS				С	County of pregnancy termination  MARION			
Patient's age** M	Iarried ☐ Yes ■ No	Date of pregnancy term <b>07/28/20</b>		Educa	tion	н	igh School	Diploma or GEI	)		
Race American Indian or	Alaska Native	☐ Asian ☐ Blac	ck or Afric	an American			Ethnicity  Hispanic	c or Latino			
Native Hawaiian or	Other Pacific Islander  Number now living	■ White ☐ Othe	er			known er now d	Not Hisp	panic or Latino	Unknown		
Live Births:	Number of spontaneo	2					uced terminati	tions			
Other Terminations:	•	0			Ivuillo	or or ma	deed terminati	0			
l		nation. If more than six (6		*		5		6			
Fetus delivered alive?  Yes No	If yes, length of t	ime fetus survived:					preexisting material		f the patient that may		
						N/A					
Fetus viable?  ☐ Yes ■ No	If viable, medica	l reason for termination:					Complication	ion(s) of Pregnancy	/ Termination		
163 2 100						■ N	None		e Perforation		
Pathological examination	on If yes, results:					☐ I	Hemorrhage	_	al Laceration		
performed?	ii yes, iesuits.						nfection	_	ed Products		
☐ Yes ■ No							Other (Specify)	?)			
						Did this		of pregnancy resul	t in a maternal death?		
		Туре	e of Termi	nation Procedu	res						
Procedure that Terminat	ted Pregnancy			Additional Pr	rocedure	that Ter	minated Pregr	nancy			
☐ Medical (Nonsurgical) Mifepristone       ☐ Medical (Nonsurgical) Mifepristone         ☐ Medical (Nonsurgical) Misoprostol       ☐ Medical (Nonsurgical) Misoprostol         ☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)											
		)									
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Surgical) procedures, answer the following question  For Medical (Surgical) procedures, answer the following question.											
Was the fetus viable on ☐ Yes	r have a post fertilization No	age at least 20 weeks?			tus viabl		e a post fertiliz	ization age at least	20 weeks?		
		plete the following question	ons.	_	_	_	nswered yes,	complete the follo	wing questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?			us given Yes 🗀		opportunity to	o survive?			
		the pregnant woman l death or serious impairm			hat requ	ired the			ant woman had a lous impairment to		
List the name of the seco	and doctor present, as requ	uired under IC 16-34-2-3(a)	)(3)	List the nam	e of the	second d	loctor present	t, as required unde	r IC 16-34-2-3(a)(3)		
Date last normal menses	•	Physicia	an estimate	e of gestation (i	in weeks	i)	Post fertili	lization age of the	etus (in weeks)		
How were the gestation:	05/12/2018 al age and post fertilizati	on age determined?		11				9			
ULTRASOUND											
Was a waiver of consent				a waiver of not				Yes No			
Is the patient seeking an a		g any of the following?	∐ Abı	used	☐ C	oerced	П	Harassed T	rafficked		
Full name of physician p	-										
Address of physician pe 8590 GEORGETOWN	=	umber and street, city, stat LIS, IN 46268	te, and zip	code)							
**Date Reported to 1	DCS, if Patient under	16 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16:34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	City or	town, of pregna	•			County of 1		ey termination		
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educa	tion						
31		Yes No		07/25/20 <sup>-</sup>					Asso	ciate Degr	ee		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known	■ Not I	nnic or Latino Hispanic or L		☐ Unknown	
Live Births:	N	umber now living	2				Numb	er now o	leceased	0			
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi	nations 0			
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)							
1	2	L	3			4		5			6		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo		nditions o	of the patient that may	
E-toi-bl-9		Ifi-bldil	ft	:				n/a					
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy	y Termination	
									None		Uterin	e Perforation	
Dath alogical aversis	action	If yes, results:							Hemorrhag	e 🗆	Cervic	cal Laceration	
Pathological examing performed?	nation	ii yes, resuits:							Infection		Retain	ned Products	
☐ Yes ■	No								Other (Spec	cify)			
											ncy resul	t in a maternal death?	
								☐ Y€	s 🔳 N	υ			
				Туре	of Termi	nation Procedur							
Procedure that Term								are that Terminated Pregnancy Surgical) Mifepristone					
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>									Mifepriston Misoprostol				
Medical (Nons					Medical (Nonsurgical) Other (Specify)								
		rocedures, answer th		estion		For Medical (	` '	_ , 1			<b>C</b> 1		
	_	e following items we	_			Check the bo		_	_	items were on vided to the	_	d	
The manufacture The patient sign		ructions provided to tient agreement	tne patient						atient agree		patient		
☐ Medical (Surgi	ical) Suc	tion Curettage						cal) Suction Curettage					
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi	ration			
	cui) oui	or (specify)				☐ Medical (Surgical) Other (Specify)							
· -		edures, answer the fo				For Medical (							
	le or hav	e a post fertilization	age at least 20	weeks?			tus viab 'es [		e a post fer	tilization age	e at least	20 weeks?	
	_	answered yes, comp	lete the following	ng questio	ns.		_	_	answered ye	es, complete	the follo	wing questions.	
	n the best ☐ No	opportunity to surviv	ve?						t opportunit	y to survive?	•		
	_		a	_	,		Yes L	_					
		determination that procedure to avert of										ant woman had a rious impairment to	
the pregnant woman				-		the pregnan						r	
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	ent, as requi	red unde	er IC 16-34-2-3(a)(3)	
						<u> </u>							
Date last normal me	_			Physicia	an estimat	e of gestation (i	n weeks	5)	Post fe	rtilization ag		fetus (in weeks)	
How were the gesta		21/2018 e and post fertilization	n age determin	ed?		5					3		
ULTRASOUND		poor restination											
Was a waiver of cons	sent obtain	ned?	s <b>I</b> N	Jo	Was	a waiver of not	ification	n obtain	ed?	Yes	■ No	0	
Is the patient seeking					☐ Abı			Coerced		Harassed		rafficked	
Full name of physic													
DR. CASANDRA	CASHMA	AN											
	-	ning termination (nu		t, city, stat	e, an <mark>d zip</mark>	code)							
8590 GEORGETO	WIN KU	אט, וואטוANAPUL	IS, IN 40∠68										
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination  MARION		
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educa	tion						
27		Yes No	(	07/25/201	18				,	ollege, No D	)egree		
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ White	☐ Blac		an American		known	☐ Not I	y anic or Latino Hispanic or L			
Live Births:	N	umber now living	3						leceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations 0			
Dates of termination  1. UNKNOWN	ns (Do no	ot include this termin						5			6		
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					y preexistin	-	nditions of the patient that may		
F ( 11.0		76 : 11 1: 1	<u> </u>					n/a					
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:					Compli	cation(s) of P	regnancy Termination		
	110							•	None		Uterine Perforation		
		70 1							Hemorrhag	je 🗆	Cervical Laceration		
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products		
-	No								Other (Spec	cify)			
								Did thi	s terminati		ncy result in a maternal death?		
								☐ Ye	s 🔳 N	0			
				Туре	of Termi	nation Procedur	es				_		
Procedure that Term	ninated P	regnancy				Additional Procedure that Terminated Pregnancy							
☐ Medical (Nons						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol							
Medical (Nons									Other (Spec				
For Medical (Nonsu	ırgical) pı	rocedures, answer the	e following que	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the foll	lowing question		
		e following items we				Check the bo	x indica	ating the	following	items were c	completed		
_		ructions provided to	the patient						-	vided to the	patient		
The patient sign  Medical (Surgi									atient agree ion Curetta				
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi				
☐ Medical (Surgi	ical) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)				
For Medical (Surgic	cal) proce	edures, answer the fo	llowing questic	n.		For Medical (	Surgica	ıl) proce	dures, answ	ver the follow	ving question.		
Was the fetus viab	le or have	e a post fertilization	age at least 20	weeks?			us viab	le or hav			e at least 20 weeks?		
	■ No	anguard was same	lata tha fallawii	na avaatia		If the provious		] No	marrianad ri	as aammilata t	the following questions		
		answered yes, complete opportunity to surviv		ng questio	IIS.	_	-		-	es, complete ty ty to survive?	the following questions.		
	□No						es [		оррогии	y to but vive.			
		determination that									e pregnant woman had a		
the pregnant woman		procedure to avert d	leath or serious	s impairme	ent to	the pregnan			procedure	to avert deat	th or serious impairment to		
						- F8							
Tital 20				24.2.20	(2)	T to at	0.4		1. 4		1 1 101/04/02/20		
n/a	second d	octor present, as requi	ired under IC 16	54-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requii	red under IC 16-34-2-3(a)(3)		
Date last normal me	enses beg	an		Physicia	ın estimat	e of gestation (i	n weeks	;)	Post fe	rtilization ag	ge of the fetus (in weeks)		
	_	19/2018				9					7		
_	tional age	e and post fertilization	on age determin	ed?									
ULTRASOUND													
Was a waiver of cons						a waiver of not	_		ed?	Yes	■ No		
		on as a result of being	any of the follo	owing?	☐ Abı	ısed	C	oerced		Harassed	☐ Trafficked		
Full name of physic	_	-											
Address of physicia		ning termination (num	mber and stree	t, city. stat	e, and zin	code)							
8590 GEORGETO	-	-		,, , 51011	, Lip	/							
dula D		icp											
**Date Reported	to DCS	, if Patient under 1	to (month, day,	, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of	pregnancy to		
Patient's age**	Marrie	ed.	Date of pregn	nancy term	ination	Educa	tion						
27	_	Yes No	1 0	07/25/20 <sup>2</sup>				H	ligh Scho	ol Diploma	or GED		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		known	■ Not I	/ anic or Latin Hispanic or L		Unknown	
Live Births:	N	umber now living	2				Numb	er now o	leceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations 1			
	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)				•			
1. UNKNOWN	2	L	3			4		5			6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:				compli	y preexistin cate the abo		nditions of th	ne patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				n/a					
Yes •	No	ii viabic, iliculcai	reason for term	illiation.					Compli	cation(s) of P	regnancy To	ermination	
									None		Uterine P	erforation	
Pathological examir	nation	If yes, results:							Hemorrhag	_		Laceration	
performed?	iation	ii yes, iesuits.							Infection		Retained	Products	
☐ Yes ■	No								Other (Spec	cify)			
											ncy result in	a maternal death?	
								☐ Ye	s 🔳 N	U			
_				Туре	of Termi	nation Procedur							
Procedure that Term						Additional Pr				•			
☐ Medical (Nonsi									Mifepriston Misoprosto				
Medical (Nons					Medical (Nonsurgical) Other (Specify)								
For Medical (Nonsu	ırgical) p	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the fol	lowing ques	tion	
Check the box indic	-	_	_			Check the bo		_	_		-		
☐ The manufactur☐ The patient sign		ructions provided to tient agreement	the patient						uctions pro atient agree	vided to the ment	patient		
Medical (Surgi									ion Curetta				
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration						eal) Menstrual Aspiration eal) Other (Specify)					
i Wedicai (Surgi	icai) Oui	51 (Specify)				ivieuicai	(Surgic	ai) Ouic	п (Specify)				
For Medical (Surgio						For Medical (							
	le or hav No	e a post fertilization	age at least 20	weeks?			tus viab 'es [		e a post fei	tilization age	at least 20	weeks?	
	_	answered yes, comp	lete the followi	ng questio	ns.	If the previou	_	_	nswered y	es, complete	the followin	ng questions.	
		opportunity to surviv	ve?						opportunit	y to survive?	,		
☐ Yes [	□No					L '	Yes L	□ No					
		determination that procedure to avert of										woman had a	
the pregnant woman		procedure to avert	death of serious	э шрани	ciit to	the pregnan			procedure	to avert dea	in or serious	s impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	5_34_2_3(a)	(3)	List the name	e of the	second	doctor pres	ent as requi	red under 10	C 16-34-2-3(a)(3)	
n/a				(a) 		2.50 the name							
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in weeks	5)	Post fe	rtilization ag	e of the fetu	ıs (in weeks)	
		15/2018		10		8					6		
How were the gestar  ULTRASOUND	tional ag	e and post fertilization	on age determin	ied?									
Ļ					1								
Was a waiver of cons		1 10				a waiver of not			ed?	Yes	■ No	Fielrad	
Is the patient seeking			s any or the follo	willg!	∐ Abı	ısed		coerced		Harassed	i rafi	ficked	
Full name of physic DR. CASANDRA C	-	-											
Address of physicia			mber and stree	t, city, stat	e, and zip	code)							
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268									_	
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Reports for all other patients shall be submitted to the Indiana State Department of Health no later than 30 days after each termination is

performed. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5(d). City or town, of pregnancy termination Facility Name and Address
PIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 County of pregnancy termination **INDIANAPOLIS** MARION Patient's age\*\* Date of pregnancy termination Education Married Bachelor's Degree 28 Yes No 07/25/2018 Ethnicity Asian
White ☐ American Indian or Alaska Native ☐ Black or African American Hispanic or Latino Not Hispanic or Latino Native Hawaiian or Other Pacific Islander Unknown Other ☐ Unknown Number now living Number now deceased **Live Births:** Number of induced terminations Number of spontaneous terminations Other Terminations: Dates of terminations (Do not include this termination. If more than six (6), those most recent.) 04/22/2018 List any preexisting medical conditions of the patient that may Fetus delivered alive? If yes, length of time fetus survived: ☐ Yes ■ No complicate the abortion Fetus viable? If viable, medical reason for termination: Complication(s) of Pregnancy Termination ☐ Yes ■ No ☐ Uterine Perforation ■ None Cervical Laceration Hemorrhage Pathological examination If yes, results: □ Retained Products ☐ Infection performed? ☐ Other (Specify) ☐ Yes ■ No Did this termination of pregnancy result in a maternal death? ☐ Yes Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprosion ☐ Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) For Medical (Nonsurgical) procedures, answer the following question For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed Check the box indicating the following items were completed ■ The manufacturer's instructions provided to the patient ☐ The manufacturer's instructions provided to the patient ■ The patient signed the patient agreement The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) For Medical (Surgical) procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No ☐ Yes ☐ No If the previous question was answered yes, complete the following questions. If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? ☐ Yes ☐ No ☐Yes ☐No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? the pregnant woman? List the name of the second doctor present, as required under IC 16-34-2-3(a)(3) List the name of the second doctor present, as required under IC 16-34-2-3(a)(3) Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 05/01/2018 How were the gestational age and post fertilization age determined? ULTRASOUND Was a waiver of consent obtained? ■ No ☐ Yes ■ No Was a waiver of notification obtained? ☐ Yes Is the patient seeking an abortion as a result of being any of the following? ☐ Abused ☐ Coerced □ Harassed ☐ Trafficked Full name of physician performing termination DR. CASANDRA CASHMAN Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268 \*\*Date Reported to DCS, if Patient under 16 (month, day, year):

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	590 GEORGETOWN ROA	.D, INDIANAPOLIS, I	N, 46268	INDIANAPOLIS				County of preg	nancy termination MARION		
Patient's age** 23	Marrie	ed Yes No	Date of pregna	ncy term 7/25/20		Educ	ation	Bad	helor's Degree			
Race American Indian Native Hawaiian	or Othe	ka Native or Pacific Islander number now living	Asian White	☐ Blac		an American			ity panic or Latino Hispanic or Latin	o 🔲 Unknown		
Live Births:			1					per of induced terr	0			
Other Termination	15.	umber of spontaneo	0				Nullit	bei of induced teri	0			
Dates of termination	1S ( <i>Do no</i> 2	ot include this termin	ation. If more th	an six (6	), those m	ost recent.)		5.	6.			
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				complicate the a	-	ons of the patient that may		
Fetus viable?		If viable, medical	reason for termi	nation:				n/a				
☐ Yes ■	No							■ None	□ U	nancy Termination terine Perforation		
Pathological examin	ation	If yes, results:						☐ Hemorrh	<u> </u>	ervical Laceration etained Products		
performed?	No							Other (Sp	_			
								Did this termina  Yes		result in a maternal death?		
	-			Type	e of Termi	nation Procedu	ires					
Procedure that Term	ninated P	regnancy		JP				e that Terminated	Pregnancy			
Medical (Nonsum Medical (Nonsu	urgical)	Misoprostol			<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>							
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)         For Medical (Nonsurgical) procedures, answer the following question       For Medical (Nonsurgical) procedures, answer the following question         Check the box indicating the following items were completed       Check the box indicating the following items were completed         ☐ The manufacturer's instructions provided to the patient       ☐ The manufacturer's instructions provided to the patient         ☐ The patient signed the patient agreement       ☐ The patient agreement												
Medical (Surgion Medical (Surgio	cal) Mer	nstrual Aspiration										
		edures, answer the for				Was the fe	etus viab		wer the following Pertilization age at			
If the previous quest Was the fetus given  Yes	the best	answered yes, comp opportunity to survi		g questio	ons.	Was the fe	-	n the best opportu	-	following questions.		
	ired the	determination that procedure to avert					that requ	ired the procedur		regnant woman had a r serious impairment to		
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)									under IC 16-34-2-3(a)(3)			
Date last normal me	05/	15/2018			an estimat	e of gestation (	in week.	Post	fertilization age of	the fetus (in weeks) 7		
How were the gestate	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons						a waiver of no				□ No		
Is the patient seeking			g any of the follow	wing'?	☐ Abı	ısed		Coerced	Harassed	Trafficked		
Full name of physics DR. CASANDRA C	-	-										
Address of physician 8590 GEORGETO	-	-		city, sta	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Addre PPIN-GEORGETOWN OR (PPG	CSS I) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or t	own, of pregna	ncy termi		County of p	oregnancy termination  MARION			
Patient's age** 22	arried No	Date of pregnancy term 07/25/20		Educa	tion	High Scho	ool Diploma	or GED			
Race American Indian or A		☐ Asian ☐ Bla	ck or Africa	an American			oanic or Latino				
Native Hawaiian or C	Other Pacific Islander  Number now living	■ White ☐ Oth			Unkı Number	nown Not	Hispanic or La	atino Unknown			
Other Terminations:	Number of spontaneo	us terminations			Number	r of induced term					
Dates of terminations (D	•	0	6), those mo	ost recent.)			0				
l	2	3		4		_ 5		6			
Fetus delivered alive?  ☐ Yes ■ No	If yes, length of ti	me fetus survived:				List any preexisting complicate the ab	-	ditions of the patient that may			
						n/a					
Fetus viable?  Yes No	If viable, medical	reason for termination:				Compli	cation(s) of Pi	regnancy Termination			
						None		Uterine Perforation			
Pathological examination	If yes, results:					☐ Hemorrha	_	Cervical Laceration Retained Products			
performed?  Yes No						☐ Infection ☐ Other (Spe	ccify)	Retained Products			
i i es 🕒 No							- 337				
						Did this terminat	ion of pregnan	ncy result in a maternal death?			
						Yes N					
		Тур	e of Termir	nation Procedur							
Procedure that Terminate  Medical (Nonsurgic	• •					hat Terminated P gical) Mifepristor	•				
Medical (Nonsurgic	al) Misoprostol			☐ Medical	(Nonsurg	gical) Misoprosto	ol				
Medical (Nonsurgic	al) Other (Specify)		Medical (Nonsurgical) Other (Specify)								
For Medical (Nonsurgica	l) procedures answer th	e following question		For Medical (	Nonsurgi	cal) procedures, a	enswer the follo	owing question			
Check the box indicating	g the following items we	ere completed		Check the bo	x indicat	ing the following	g items were c	ompleted			
☐ The manufacturer's in ☐ The patient signed th	instructions provided to e patient agreement	the patient		=		's instructions pro d the patient agree		patient			
Medical (Surgical)	Suction Curettage					) Suction Curetta					
Medical (Surgical)  Medical (Surgical)	Menstrual Aspiration Other (Specify)					) Menstrual Asp ) Other (Specify)					
For Medical (Surgical) p	rocedures, answer the fo	llowing question.		For Medical (	(Surgical)	procedures, answ	wer the follow	ing question.			
Was the fetus viable or ☐ Yes ■ N		age at least 20 weeks?		Was the fet  ☐ Y			rtilization age	at least 20 weeks?			
If the previous question	was answered yes, comp		ons.	_	_		es, complete t	the following questions.			
Was the fetus given the Yes No		ve?		Was the fett	us given t Yes	he best opportuni No	ity to survive?				
What was the basis to		the pregnant woman	had a	_	_		ition that the	pregnant woman had a			
condition that required the pregnant woman?				condition th	nat requir	ed the procedure		h or serious impairment to			
the pregnant woman:				the pregnan	t woman?						
List the name of the secon	nd doctor present as requ	ired under IC 16-34-2-26	a)(3)	List the nam	e of the a	econd doctor pro	sent as requir	red under IC 16-34-2-3(a)(3)			
n/a	nd doctor present, as requ	ired under 10-34-2-3(8	1)(3)	List the nam	c or the s	econd doctor pre	scnt, as requir	ed under 10-34-2-3(a)(3)			
Date last normal menses	-	Physic	ian estimate	e of gestation (i	n weeks)	Post f	ertilization age	e of the fetus (in weeks)			
How were the gestationa	05/10/2018  I age and post fertilization	on age determined?		12				10			
ULTRASOUND											
Was a waiver of consent of			Was	a waiver of not	ification	obtained?	Yes	■ No			
Is the patient seeking an ab		g any of the following?	Abu	sed	☐ Coe	erced	Harassed	☐ Trafficked			
Full name of physician p DR. CASANDRA CASI	-										
Address of physician per	forming termination (nu		ate, and zip	code)							
8590 GEORGETOWN	ROAD, INDIANAPOL	IS, IN 46268									
**Data Papartad to F	OCS, if Patient under	16 (month day year)									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	City or	town, of pregna	•			County of J	pregnancy MAR	termination	
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educa	tion					
30		Yes No	(	07/25/20 <sup>-</sup>	18					ociate Degr	ee	
Race American India Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ White	■ Blac		an American		known	Not I	/ anic or Latino Hispanic or L		☐ Unknown
Live Births:	N	umber now living	2				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations <b>1</b>		
Dates of termination 1. 2016	ns (Do no	ot include this termin	v	, ,		ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of	the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Complia	cation(s) of P	regnancy '	Termination
	110							■	None			Perforation
B d I i I i i		TC L							Hemorrhag	е 🗆	Cervica	l Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained	d Products
☐ Yes ■	No								Other (Spec	cify)		
											ncy result	in a maternal death?
		<u> </u>						☐ Y€	s 🔳 N	0		
				Type	of Termi	nation Procedu						
Procedure that Term						Additional Pr						
Medical (Nonsi									Mifepriston Misoprostol			
Medical (Nons					Medical (Nonsurgical) Other (Specify)							
		rocedures, answer th		estion		For Medical (						
	_	e following items we	_			Check the bo		-		items were or vided to the	-	
The manufacture.  The patient sign		ructions provided to tient agreement	the patient						atient agree		patient	
Medical (Surgi									ion Curetta			
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi er (Specify)	ration		
	,	1 337						,	(1 33)			
		edures, answer the for e a post fertilization				For Medical (				er the follow tilization age	- 1	
	□ No	a post retifization	age at least 20	WCCKS!			es [		e a post ici	tilization age	, at least 2	o weeks:
		answered yes, comp		ng questio	ons.	_	-		-	-		ring questions.
	i the best	opportunity to surviv	ve?				us giver Yes 🏻 🗀		t opportunit	y to survive?		
What was the ha	sis for	determination that	the pregnant	woman h	nad a	What was	the be	aia far	datarminat	ion that the		st syamon had a
condition that requ	aired the	procedure to avert of				condition tl	hat requ	ired the				nt woman had a ous impairment to
the pregnant woman	n'?					the pregnan	t woma	n?				
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	ent, as requi	red under	IC 16-34-2-3(a)(3)
D. L.	7			D	4.	<u> </u>		,	B : 2	7'1' - r'	64 6	
Date last normal me	_	an 1 <b>10/2018</b>		Physicia	an estimat	e of gestation (i	n weeks	s)	Post fe	rtilization ag	ge of the fe	etus (in weeks)
How were the gesta		e and post fertilization	on age determin	ed?								
ULTRASOUND												
Was a waiver of cons	sent obtain	ned?	: I N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Tra	afficked
Full name of physic	-	-										
DR. CASANDRA C		an ning termination (nu.	mher and street	t city stat	te and sin	code)						
8590 GEORGETO	-	=		i, ciry, sial	, ана ДР	couc <sub>j</sub>						
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A	Address (PPGI) - 8	590 GEORGETOWN ROA	IN, 46268	INDIANAPOLIS					County of	pregnancy termination  MARION			
Patient's age** 21	Marrie	ed Yes • No	Date of pregn	ancy term 07/25/20		Е	ducation	n	Hi	gh Scho	ool Diploma	or GED	
Race American India			Asian	Blac	k or Afric	an Americ	an				anic or Latin		
Native Hawaiiai		er Pacific Islander fumber now living	■ White	Othe				Unkn Jumber	nown de		Hispanic or L	atino Unknown	
Other Termination	Ne. N	umber of spontaneou	us terminations				N	Number	of indu	ced termi			
		ot include this termin	ation. If more th	han six (6	), those m	ost recent.)	)				1		
103/21/2017	2	2	3			4			5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					-	preexisting ate the abo	-	nditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:					n/a				
☐ Yes ■	No	,							_		cation(s) of P	Pregnancy Termination	
										one emorrhag	te $\Box$	Uterine Perforation Cervical Laceration	
Pathological examir performed?	nation	If yes, results:							Ir	fection		Retained Products	
Yes •	No									ther (Spec	cify)		
									Did this Yes	terminati		ncy result in a maternal death?	
				Туре	of Termi	nation Proc	edures						
Procedure that Term	ninated P	regnancy				Addition	al Proce	edure th	hat Terr	ninated P	regnancy		
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>										ifepriston isoprosto			
Medical (Nons					Medical (Nonsurgical) Other (Specify)								
For Medical (Nonsu Check the box indic				stion							nswer the fol items were o	lowing question completed	
The manufactur The patient sign		ructions provided to	the patient			_				ctions pro ient agree	ovided to the	patient	
☐ Medical (Surgi	cal) Suc	tion Curettage				☐ Med	lical (Su	urgical)	) Suction	n Curetta	ige		
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)								trual Aspi (Specify)			
For Medical (Surgic	al) proce	edures, answer the fo	llowing questio	n.		For Med	ical (Su	ırgical)	proced	ures, answ	ver the follow	ving question.	
	le or hav □ No	e a post fertilization	age at least 20 v	veeks?			ne fetus Yes			a post fer	rtilization age	e at least 20 weeks?	
		answered yes, comp	lete the following	ng questic	ons.		_	_		swered y	es, complete	the following questions.	
Was the fetus given  ☐ Yes [		opportunity to survi	ve?			Was th	e fetus g Yes	given th	he best o No	opportunit	ty to survive?	1	
		determination that				What	was the	e basis	s for c	etermina	tion that the	e pregnant woman had a	
the pregnant woman		procedure to avert of	death or serious	impairm	ent to		on that gnant w			rocedure	to avert dea	th or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	0(3)	List the	name o	of the se	econd d	octor pres	sent, as requi	ired under IC 16-34-2-3(a)(3)	
Date last normal me	-	an <b>(05/2018</b>	· · · · · · · · · · · · · · · · · · ·	Physicia	an estimate	e of gestati	on (in w	veeks)		Post fe	ertilization ag	ge of the fetus (in weeks)  5	
How were the gesta			on age determin	ed?						1			
ULTRASOUND													
Was a waiver of cons Is the patient seeking					Was	a waiver o			obtained erced		Yes Harassed	■ No  Trafficked	
Full name of physic			, any or the follo	wing:	☐ AUI	iocu	<u> </u>	_ coe	accu	L	i iaiasseu	папискей	
DR. CASANDRA C	CASHM	AN											
Address of physicia 8590 GEORGETO	-	-		, city, sta	te, and zip	code)							
		· · · · · · · · · · · · · · · · · · ·	,										
**Date Reported	to DCS	s, if Patient under	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Eilita Nama and /		o ilic tillo report on				<u>'</u>			- (- )	Country of		4
Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 8	590 GEORGETOWN ROA	D, INDIANAPOLIS,	, IN, 46268	City or	town, of pregna	-			County of p	MAR	termination ION
Patient's age**	Marrie		Date of pregr	•		Educa	tion					
29		Yes ■ No		07/25/20 <sup>-</sup>	18					nelor's Degr	ee	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an American	☐ Ur	nknown		y anic or Latino Hispanic or L		Unknown
Live Births:	N	lumber now living	0				Numl	ber now d	eceased	0		
Other Termination	ns: N	lumber of spontaneo					Numl	ber of ind	uced termi	inations		
Dates of termination	ns (Do no	ot include this termir	nation. If more t	than six (6	), those m	ost recent.)				0		
1	:	2	3			4		5			6	
Fetus delivered alive		If yes, length of to	ime fetus surviv	/ed:					preexisting preexi		ditions of	the patient that may
								n/a				
Fetus viable?		If viable, medical	reason for term	nination:					Compli	antion(s) of D	roananay "	Formination
☐ Yes ■	No							<b>1</b>	None	cation(s) of P		Perforation
								_	Hemorrhag	_		Laceration
Pathological examin	nation	If yes, results:							nfection		Retained	d Products
performed?	No								Other (Spe	cify)		
	1.0											
								Did this			ıcy result i	in a maternal death?
								☐ Yes	s 🔳 N	0		
				Туре	of Termi	nation Procedu						
Procedure that Term		•				Additional Pr						
Medical (Nonsi									Aifepristor Aisoprosto			
Medical (Nonsi									Other (Spec			
For Medical (Nonsu	rgical) p	rocedures, answer th	ne following que	estion		For Medical (	Nonsu	rgical) pro	cedures, a	nswer the foll	owing que	estion
Check the box indic		_	-					-	_	items were c	-	
The manufactur  The patient sign		ructions provided to	the patient						ictions pro tient agree	ovided to the	patient	
Medical (Surgi						☐ Medical						
☐ Medical (Surgi	cal) Me	nstrual Aspiration				☐ Medical	(Surgio	cal) Mens	strual Aspi	ration		
Medical (Surgi	cal) Oth	ier (Specify)				☐ Medical	(Surgio	cal) Othe	r (Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	ollowing question	on.		For Medical	(Surgic	al) proced	lures, ansv	ver the follow	ing questi	on.
		e a post fertilization	age at least 20	weeks?					e a post fe	rtilization age	at least 20	) weeks?
Yes If the previous ques	□ No tion was	answered ves. comp	lete the followi	ng auestic	ns.	_	es [ Is auest		nswered v	es. complete	he follow	ing questions.
		opportunity to survi		8 1		•	•			ty to survive?		8 1
☐Yes [	□No						Yes [	No				
		determination that										t woman had a
the pregnant woman		procedure to avert	death or seriou	s impairm	ent to	condition the pregnan			procedure	to avert deat	h or serio	us impairment to
						1.18						
Tital Od				< <b>2.1.2.2</b> ( )	(2)	***	0.1					YG 1 6 2 4 2 2 6 2 ( ) (2)
List the name of the	second c	loctor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second o	loctor pre	sent, as requii	ed under	IC 16-34-2-3(a)(3)
Date last normal me	enses bes	gan		Physicia	ın estimat	e of gestation (i	in week	·s)	Post fe	ertilization age	e of the fe	tus (in weeks)
	-	/19/2018				9		~/			7	
How were the gesta	tional ag	e and post fertilization	on age determin	ned?								
ULTRASOUND												
Was a waiver of cons	sent obtai	ned?	s 🔳 1	No	Was	a waiver of not	tificatio	n obtaine	ed?	☐ Yes	■ No	
Is the patient seeking	an abort	ion as a result of being	g any of the follo	owing?	☐ Abı	used		Coerced		Harassed	☐ Tra	ifficked
Full name of physic												
DR. CASANDRA C			umbon and	t aits -1	a and -:	a code)						
Address of physicia 8590 GEORGETO	-	-		ı, city, stat	е, апа zip	coue)						
		,	, ,===									
**Date Reported	to DCS	S, if Patient under	16 (month, day	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Facility Name and Address PPIN-GEÓRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462						ancy ter	mination _IS		County of p	oregnancy termination MARION		
Patient's age** 26	Marrie	d ☐ Yes ■ No	Date of pregna	ancy term 07/25/20		Educ	ation	S	ome Co	ollege, No D	)egree		
Race American Indian		ka Native r Pacific Islander	☐ Asian ☐ White	=		an American	□ 11			anic or Latino			
Live Births:		umber now living	<u> </u>	Othe	51 <u> </u>			nknown ber now dec		Hispanic or La	atino Unknown		
Other Termination	ns: N	umber of spontaneou					Numl	ber of induc	ed termi				
Dates of termination	ns (Do no	ot include this termin	ation. If more th	an six (6	), those m	ost recent.)	ı						
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:		4		complicat		-	ditions of the patient that may		
Fetus viable?		If viable, medical	reason for term	ination:				n/a					
☐ Yes ■	No	,						■ No	one		regnancy Termination  Uterine Perforation  Cervical Laceration		
Pathological examin	nation	If yes, results:							morrhag ection	e □	Retained Products		
performed?  Yes	No							☐ Otl	her (Spec	cify)			
								Did this termination of pregnancy result in a maternal deatl  ☐ Yes ■ No					
			Type	of Termi	nation Proced	urac		<u> </u>	<u> </u>				
Procedure that Term	ninated P	regnancy		1 ype	OI ICIIIII	Additional		e that Term	inated Pr	regnancy			
Medical (Nons								orgical) Mit orgical) Mis orgical) Oth	soprostol	[			
The patient sign  Medical (Surgi  Medical (Surgi	eating the rer's instructed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage astrual Aspiration	ere completed	stion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)							
Medical (Surgi			llowing question	<u> </u>		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab ☐ Yes	le or hav ☐ No	e a post fertilization	age at least 20 v	veeks?		For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No							
	the best	answered yes, comp opportunity to survi		ng questio	ons.	Was the fe	-	n the best of	-	es, complete t y to survive?	the following questions.		
	ired the	determination that procedure to avert of					that requ	uired the pr			e pregnant woman had a th or serious impairment to		
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	0(3)	List the na	ne of the	e second do	ctor pres	ent, as requir	red under IC 16-34-2-3(a)(3)		
Date last normal me	_	an 06/2018		Physicia	an estimat	e of gestation <b>7</b>	(in week	s)	Post fe	rtilization age	e of the fetus (in weeks)  5		
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?									
Was a waiver of cons						a waiver of n				Yes	■ No		
Is the patient seeking Full name of physic			any of the follo	wing?	☐ Abu	ised	□ (	Coerced		Harassed	☐ Trafficked		
DR. CASANDRA C	CASHM	AN											
Address of physicia 8590 GEORGETO	-	-		, city, stai	te, and zip	code)							
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	City or	town, of pregna			County of pregnancy termination  MARION				
Patient's age**	Marrie	:d	Date of pregr	nancy term	ination	Educa	tion					
42	_	Yes No		07/28/20 <sup>-</sup>	18				Bach	elor's Deg	ree	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known	Not I	y anic or Latin Hispanic or L		☐ Unknown
Live Births:	N	umber now living	1				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations 2				Numb	er of inc	luced termi	nations <b>1</b>		
Dates of termination		ot include this termin	nation. If more t		), those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin		nditions of	f the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	nination:		Complication(s) of Pregnancy Termination						
	INO					■ None  Uterine Perforation						
								_	Hemorrhag	_		al Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retaine	ed Products
Yes •	No								Other (Spec	cify)		
							Did this termination of pregnancy result in a m.					
					☐ Yes No							
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure	that Te	rminated P	regnancy			
☐ Medical (Nons									Mifepriston			
Medical (Nonsi									Misoprosto Other (Spec			
		(~F = = 9,5)					(	-8	(~ <i>p</i>	327		
F M-4:1 (N	:		- f-11i	4:		F M- E1 (	N	-:1\			1	4:
For Medical (Nonsu Check the box indic				estion		For Medical ( Check the bo						
		ructions provided to	the patient						•	vided to the	patient	
The patient sign									atient agree			
■ Medical (Surgi ■ Medical (Surgi		tion Curettage istrual Aspiration							ion Curetta strual Aspi			
☐ Medical (Surgi							(Surgic	al) Othe	er (Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	ollowing question	on.		For Medical (	(Surgica	al) proce	dures, answ	ver the follow	ving guest	tion.
		e a post fertilization				Was the fet	tus viab	le or hav		rtilization age		
☐ Yes  If the previous ques	No No	answered was comn	lata tha followi	na auestio	ne		es [		aneswarad v	as complata	the follow	wing questions.
		opportunity to survi		ng questio	115.	_	-		-	y to survive?		ving questions.
□Yes [	□No						Yes [			,		
		determination that				What was	the ba	sis for	determinat	tion that the	e pregna	nt woman had a
the pregnant woman		procedure to avert	death or serious	s impairm	ent to	condition the			procedure	to avert dea	th or serie	ous impairment to
and programm woman						the pregnan	t woman	11:				
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under	r IC 16-34-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	n weeks	;)	Post fe	ertilization as	ge of the f	etus (in weeks)
	_	24/2018		, , , , ,		8		•			6	,
How were the gesta	tional ag	e and post fertilization	on age determin	ied?			_	_	_		_	
ULTRASOUND												
Was a waiver of cons					Was	a waiver of not	ification	n obtain	ed?	Yes	■ No	
Is the patient seeking			g any of the follo	owing?	Abı	ısed	C	oerced		Harassed	Tr	rafficked
Full name of physic	-	-										
Address of physicia			mber and stree	t, city. stat	te, and zin	code)						
8590 GEORGETO	-	=		, , see	, <del></del> ~p	• /						
**Date Reported	to DCS	, if Patient under	16 (month, day	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A	Facility Name and Address PIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462						ncy terr	mination IS		County of pregnancy termination  MARION				
Patient's age**	Marrie	ed .	Date of pregn	ancy term	ination	Educa	tion							
25	_	Yes No	(	07/24/20 <sup>-</sup>	18				,	ollege, No D	Degree			
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known	■ Not I	y anic or Latino Hispanic or L				
Live Births:	N	umber now living	1				Numb	er now o	leceased	0				
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi	nations 0				
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)								
1	2					4		5			6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo	-	nditions of the patient that may			
						N/A								
Fetus viable?  Yes	No	If viable, medical	reason for term	unation:		Complication(s) of Pregnancy Termination								
	110					■ None Uterine Perforation								
		70 1				Hemorrhage Cervical Laceration								
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products			
-	No								Other (Spec	cify)				
											ncy result in a maternal death			
		<u> </u>					☐ Yes ■ No							
				Туре	of Termi	nation Procedur	res							
Procedure that Term		• •				Additional Pr								
☐ Medical (Nonsi									Mifepriston					
Medical (Nons						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
For Medical (Nonsu	ırgical) pı	rocedures, answer th	e following que	estion							lowing question			
		e following items we	_			Check the bo								
The patient sign		ructions provided to tient agreement	tne patient						atient agree	wided to the property	patient			
Medical (Surgi	ical) Suc	tion Curettage				☐ Medical	(Surgic	al) Suct	ion Curetta	ge				
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi er (Specify)	ration				
	our) our	er (specigy)												
		edures, answer the fo						cal) procedures, answer the following question.  able or have a post fertilization age at least 20 weeks?						
	e or navo	e a post fertilization	age at least 20 v	weeks?		was the fet		ie or nav	e a post iei	tilization age	at least 20 weeks?			
		answered yes, comp		ng questio	ns.	If the previou			nswered y	es, complete	the following questions.			
	n the best □No	opportunity to surviv	ve?				us giver Yes [		opportunit	y to survive?				
	_	determination that	the program	woman 1	ad c				1.4					
condition that requ	aired the	determination that procedure to avert of									e pregnant woman had a th or serious impairment to			
the pregnant woman	n?					the pregnan								
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)			
N/A				I				,	T -					
Date last normal me	_	an KNOWN		Physicia	ın estimat	e of gestation (i	n weeks	5)	Post fe	ertilization ag	ge of the fetus (in weeks)  8			
How were the gesta		e and post fertilization	on age determin	ed?										
ULTRASOUND														
Was a waiver of cons	sent obtain	ned?	: • N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No			
Is the patient seeking	an aborti	on as a result of being			☐ Abı	ısed	□ C	oerced		Harassed	Trafficked			
Full name of physic	_													
DR. CASANDRA C			b. a J	4 ale: 1 :	ia aJ ·	0040								
8590 GEORGETO	-	ning termination (nu.		ı, cıry, stat	е, апа zıp	coae)								
		·												
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462						ancy ter	mination _IS		County of p	oregnancy termination MARION		
Patient's age** 21	Marrie	ed ☐ Yes ■ No	Date of pregna	ancy term 07/24/20		Educ	ation	S	Some Co	ollege, No D	)egree		
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	Asian White	■ Blac		an American		nknown	Not I	y anic or Latino Hispanic or La			
Live Births:	N	umber now living	0					ber now dec		0			
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	ber of induc	ced termi	nations <b>1</b>			
Dates of termination  1. UNKNOWN	ns (Do no	ot include this termin	ation. If more th	nan six (6	), those m	ost recent.)		5			6		
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:				complica			aditions of the patient that may		
Fetus viable?		If viable, medical	reason for term	ination:				N/A					
Yes •	No	ii viiioto, inourour	. •••••••••••••••••••••••••••••••••••••					■ No	_	cation(s) of Pr	regnancy Termination Uterine Perforation		
Pathological examir	nation	If yes, results:				Hemorrhage Cervical Laceration							
performed?									fection ther (Spec	∟ cify)	Retained Products		
								Did this termination of pregnancy result in a maternal death					
	Т	of Tome:	☐ Yes ■ No										
Procedure that Term	ninated P	regnancv		1 ype	or rermi	Additional I		e that Term	ninated Pr	regnancv			
Medical (Nons)	urgical)	Mifepristone				☐ Medica	l (Nonsu	ırgical) Mi	fepriston	e			
Medical (Nonsi						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Check the box indic	cating the	rocedures, answer the following items we ructions provided to	re completed	stion		Check the b	ox indic	ating the fo	ollowing	nswer the foll items were covided to the p	_		
The patient sign								ned the pati					
Medical (Surgi	cal) Mei	nstrual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
, -		edures, answer the fo	• .			For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?							
	□ No	answered yes, comp	lete the followin	na anestic	ne	_	_	No	swered w	es complete t	the following questions.		
	the best	opportunity to survi		ig questic	ліз.	Was the fe	-	n the best o	-	ty to survive?			
	ired the	determination that procedure to avert of					that requ	uired the pr			e pregnant woman had a h or serious impairment to		
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nar	ne of the	e second do	octor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
Date last normal me	_	an <b>26/2018</b>		Physicia	an estimat	e of gestation 6	(in week.	s)	Post fe	ertilization age	e of the fetus (in weeks) 4		
How were the gestar ULTRASOUND		e and post fertilization	on age determine	ed?									
Was a waiver of cons					Was	a waiver of no			?	Yes	■ No		
Is the patient seeking			any of the follo	wing?	☐ Abı	ised		Coerced		Harassed	☐ Trafficked		
Full name of physic DR. CASANDRA C	_	-											
Address of physicia 8590 GEORGETO	-	ning termination (nu AD, INDIANAPOL		, city, sta	te, and zip	code)			_				
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16:34-2

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Facility Name and A	Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						town, of pregnancy termination INDIANAPOLIS					pregnancy termination  MARION	
Patient's age** 30	Marrie	ed ■ Yes □ No	Date of pregna	ancy term 07/24/20		Ed	ducation	1	Hi	gh Scho	ol Diploma	or GED	
Race American India			Asian	Blac	k or Afric	an America					anic or Latin		
Native Hawaiian		er Pacific Islander fumber now living	■ White	Othe				Unknount			Hispanic or L	atino Unknown	
Other Termination	Ne. N	umber of spontaneou	as terminations				N	lumber	of indu	ced termi			
	15.	ot include this termin	0	an six (6	), those me	ost recent.)					0		
1	2	2	3			4			5			6	
Fetus delivered aliv		If yes, length of ti	me fetus survive	ed:					-	preexisting the the about	-	nditions of the patient that may	
								ı	N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-		Complia	cation(s) of P	Pregnancy Termination	
									■ N	one		Uterine Perforation	
Pathological examin	nation	If yes, results:										Cervical Laceration	
performed?		,,							_	fection ther (Spec	cify)	Retained Products	
☐ Yes ■	No					Other (Specify)							
								<u> </u>	)id this	terminati	on of pregna	ncy result in a maternal death?	
									Yes	■ N		ney result in a material death.	
	e of Termi	nation Proc	edures										
Procedure that Terminated Pregnancy											regnancy		
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>	urgical)	Misoprostol				☐ Med	lical (No	onsurgi	ical) M	ifepriston isoprosto	l		
Medical (Nons	urgical)	Other (Specify)				Medical (Nonsurgical) Other (Specify)							
E W E 101	. 1	1 4	c II ·			F 14 1	. 101		1)		4 61		
		rocedures, answer the following items we		stion							items were of	lowing question completed	
The manufacture The patient sign		ructions provided to	the patient			_				tions pro ent agree	vided to the	patient	
☐ Medical (Surgi										n Curetta			
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)				☐ Med				rual Aspi ( <i>Specif</i> y)			
	,	· (-F · · 35)					(	. 8 ,		(-r 32)			
For Medical (Surgic	ral) proce	edures, answer the fo	llowing questio	n		For Mod	Medical (Surgical) procedures, answer the following question.						
, ,		e a post fertilization	• 1			Was the fetus viable or have a post fertilization age at least 20 weeks?							
	☐ No tion was	answered yes, comp	lete the followir	o anestic	nns		Yes	_		swered v	es complete	the following questions.	
Was the fetus given	the best	opportunity to survi		.g questic		Was the	e fetus g	given th	ne best o		y to survive?	• .	
☐Yes	_			,		-	☐ Yes	_					
condition that requ	iired the	determination that procedure to avert of										e pregnant woman had a th or serious impairment to	
the pregnant woman	n?					the preg	gnant we	oman?					
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the	name of	f the se	econd do	octor pres	sent, as requi	red under IC 16-34-2-3(a)(3)	
Date last normal me	enses beg	an		Physicia	an estimate	e of gestati	on (in w	veeks)		Post fe	ertilization ag	ge of the fetus (in weeks)	
How were the co-t-		08/2018 e and post fertilization	on age doto	ad?		7						5	
ULTRASOUND	tional ag	e and post fertifization	m age determine	zu :									
Was a waiver of cons	sent obtai	ned?	s 🔳 N	o	Was	a waiver o	f notific	cation o	btained	?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	Abu	ised		Coer	rced		Harassed	☐ Trafficked	
Full name of physic	_	-											
		ning termination (nu	mber and street	, city, sta	te, and zip	code)							
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268										
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16:34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	City or	town, of pregna	•			County of pregnancy termination  MARION				
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion			-			
33	_	Yes No	(	07/24/20 <sup>-</sup>	18					elor's Degi	ree		
Race American India Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known	■ Not I	y anic or Latino Hispanic or L		Unknown	
Live Births:	N	umber now living	0				Numb	er now o	leceased	0			
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi	nations <b>0</b>			
Dates of termination		ot include this termin											
Fetus delivered alive	e?	If yes, length of time				4			y preexistin		onditions of	f the patient that may	
							N/A						
Fetus viable?		If viable, medical	reason for term	ination:					Compli	cation(s) of D	Pragnancy	Termination	
☐ Yes ■	No					Complication(s) of Pregnancy Termination  None Uterine Perforation							
									Hemorrhag	_	-	al Laceration	
Pathological examir performed?	nation	If yes, results:							Infection		Retaine	ed Products	
Yes •	No								Other (Spec	cify)			
								Did this termination of pregnancy result in a maternal de					
<u> </u>		<u>1</u>			6.77	, w = -		☐ Ye	s 🔳 N	U			
Procedure that Term	ninatad D	ragnancy		Type	ot Termi	nation Procedur  Additional Pr		that Ta	rminated D	ragnenav			
Medical (Nonsi									Mifepriston	•			
Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) l	Misoprosto	l			
Medical (Nons	urgical)	Other (Specify)				Medical	(Nonsu	rgical) (	Other (Spec	rify)			
F . V. F . 1.07						F 34 11 14	2.1			4 0.11			
		rocedures, answer the following items we		estion		For Medical ( Check the bo							
■ The manufactur	rer's instr	ructions provided to	_			☐ The man	ufactur	er's instr	uctions pro	vided to the	-		
The patient sign									atient agree				
	cal) Mer	nstrual Aspiration							ion Curetta strual Aspi				
Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)				
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questic	n.		For Medical	(Surgica	al) proce	dures, answ	ver the follow	ving quest	ion.	
		e a post fertilization	age at least 20	weeks?			tus viab 'es [		e a post fer	rtilization age	at least 2	20 weeks?	
	☐ No tion was	answered yes, compl	lete the following	ng questio	ns.			_	nswered y	es, complete	the follov	ving questions.	
		opportunity to surviv	ve?						opportunit	y to survive?	)		
	□No		a	-	,		Yes L	_					
		determination that procedure to avert of										nt woman had a ous impairment to	
the pregnant woman	n?					the pregnan			1			•	
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)	
Date last normal me	enses heg	an		Physicis	ın estimat	e of gestation (i	in week	5)	Post fe	ertilization ao	e of the f	etus (in weeks)	
	06/	02/2018				7			2 050 10		5	- (	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?									
Was a waiver of cons	sent obtain	ned?	: • N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abı	ısed		oerced		Harassed	☐ Tr	rafficked	
Full name of physic	-	-											
Address of physicia		ning termination (num	mber and stree	t, city stat	e, and zin	(code)							
8590 GEORGETO	-	=		,, siai	., Lip	,							
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	City or	own, of pregna	•			County of pregnancy termination  MARION				
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educat	tion						
24		Yes No	(	07/24/20 <sup>-</sup>	18			H		ool Diploma	or GED		
Race American India Native Hawaiian	n or Othe	er Pacific Islander	Asian White	☐ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or La			
Live Births:	N	umber now living	0					er now c		0			
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 0			
Dates of termination		ot include this termin											
1		L				4		5			6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may		
						N/A							
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:		Complication(s) of Pregnancy Termination							
								• 1	None		Uterine Perforation		
Pathological examir	nation	If yes, results:							Hemorrhag	ge 🗆	Cervical Laceration		
performed?	iation	ii yes, iesuits.						_	Infection		Retained Products		
☐ Yes ■	No								Other (Spec	cify)			
						Did this termination of pregnancy result in a materna  Yes No							
				Т	of Ta	nation Dec J	og.		<u> </u>				
Procedure that Term	ninated D	regnancy		1 ype	oi ieimi	nation Procedur Additional Pr		that Te	minated D	regnancy			
☐ Medical (Nons		•							Mifepriston				
Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) N	Misoprosto	l			
iviedicai (Noiisi	urgicar)	Other (Specify)				Medical (Nonsurgical) Other (Specify)							
For Medical (Nonsu	ırgical) n	rocedures, answer the	e following aue	estion		For Medical (	Nonsur	gical) pro	ocedures a	nswer the foll	lowing question		
Check the box indic	cating the	e following items we	ere completed			Check the bo	x indica	ating the	following	items were c	completed		
☐ The manufactur☐ The patient sign		ructions provided to	the patient						uctions pro itient agree	ovided to the perment	patient		
Medical (Surgi						☐ Medical	(Surgic	al) Suct	ion Curetta	ige			
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi r (Specify)				
i wicaicai (Suigi	car) Our	ы (Бресцу)				Wiedlear	(Surgic	ai) Oile	т (Бресіју)				
		- <u>-</u>											
		edures, answer the for e a post fertilization					-	cal) procedures, answer the following question.  ble or have a post fertilization age at least 20 weeks?					
	No	s a post fertilization a	age at least 20 v	WCCKS!		was the let		No	e a post ici	itilization age	at least 20 weeks?		
		answered yes, compl		ng questio	ns.	•	•				the following questions.		
	i the best	opportunity to surviv	ve?				is given ∕es [		opportunit	ty to survive?			
What was the ba	isis for	determination that	the pregnant	woman l	nad a	What was	the ha	sis for	determinat	tion that the	e pregnant woman had a		
	aired the	procedure to avert d				condition th	nat requ	ired the			th or serious impairment to		
the pregnant woman	11 :					the pregnant	t womai	n?					
									_				
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
Date last normal me	enses beg	an		Physicia	ın estimat	e of gestation (i	n weeks	5)	Post fe	ertilization age	ge of the fetus (in weeks)		
		27/2018		10		6					4		
How were the gestar  ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?									
Was a waiver of cons	sent obtain	ned? Yes	. I N	lo	Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked		
Full name of physic DR. CASANDRA C	_	-											
		ning termination (nu	mber and street	t, city, stat	e, and zip	code)							
8590 GEORGETO	-	-		•									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	City or	town, of pregna	•			County of pregnancy termination MARION				
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educat	tion						
20		☐ Yes ■ No	(	07/24/201	18			ŀ		ol Diploma	or GED		
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or L			
Live Births:	N	umber now living	0					er now c		0			
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	uced termi	nations 0			
Dates of termination			· ·			,							
1						4		5			6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo	-	nditions of the patient that may		
						N/A							
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:			Complication(s) of Pregnancy Termination						
								• 1	None		Uterine Perforation		
Pathological examin	nation	If yes, results:							Hemorrhag	e 🔲	Cervical Laceration		
performed?	iation	ii yes, resuits.						_	Infection		Retained Products		
☐ Yes ■	No							□ '	Other (Spec	cify)			
						Did this termination of pregnancy result in a maternal of Yes No							
				Trmo	of Tarm:	nation Procedur	-AC						
Procedure that Term	ninated P	regnancv		1 уре	Additional Procedure		that Te	minated P	regnancy				
☐ Medical (Nonsu									Mifepriston				
☐ Medical (Nonsu ☐ Medical (Nonsu									Misoprosto Other (Spec				
Wiedlear (Tvonse	urgicur)	other (speetyy)				Wiedlear	(1101134	igicai) (	жист (Брес	977			
For Medical (Nonsu	raical) n	rocaduras, answar th	e following au	ection		For Medical (	Noncur	aical) pro	ocaduras a	nswar tha foll	lowing question		
Check the box indic				SHOII		Check the bo							
☐ The manufactur			the patient						-	vided to the	patient		
The patient signal Medical (Surgio									itient agree ion Curetta				
Medical (Surgio	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi				
Medical (Surgio	cal) Oth	er (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic						For Medical (	-						
	le or havo ■ No	e a post fertilization	age at least 20 v	weeks?		Was the fet		le or hav ] No	e a post fei	rtilization age	e at least 20 weeks?		
If the previous quest		answered yes, comp	lete the following	ng questio	ns.	_			nswered y	es, complete	the following questions.		
	the best No	opportunity to surviv	ve?				ıs giver Yes [		opportunit	y to survive?			
		1	41	1	. 1								
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to		
the pregnant woman	1?					the pregnant			•				
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)		
N/A  Deta last normal ma	maca L			Dh	ın catin il	a of gast-ti	m 1 1	-1	D C	vrtilizati	a of the fetus (in the late)		
Date last normal me	_	an <b>25/2018</b>		rnysicia	ııı estimat	e of gestation (i	n weeks	· <i>)</i>	rost ie	aunzauon ag	te of the fetus (in weeks)  10		
How were the gestat	tional age	and post fertilization	on age determin	ed?					l .				
ULTRASOUND													
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	ed?	Yes	■ No		
Is the patient seeking			any of the follo	owing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked		
Full name of physici	-	-											
Address of physician			mber and stree	t, city, stat	e, and zip	code)							
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268										
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	oregnancy termination  MARION		
Patient's age**	Marrie		Date of pregn	ancy term	ination	Educat	tion						
40		Yes ■ No	(	07/24/201	18					ter's Degre	ee		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	■ Not I	/ anic or Latino Hispanic or L			
Live Births:	N	umber now living	3						leceased	0			
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	er of inc	luced termi	nations <b>0</b>			
Dates of termination													
Fetus delivered alive	e?	If yes, length of ti				4			y preexistin	-	nditions of the patient that ma		
								N/A					
Fetus viable?		If viable, medical	reason for term	ination:		Complication(s) of Pregnancy Termination							
☐ Yes ■	No								None		Uterine Perforation		
								_	Hemorrhag	_	Cervical Laceration		
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products		
☐ Yes ■	No								Other (Spec	cify)			
						Did this termination of pregnancy result in a maternal Yes No							
		1						∟ Үе	s 🔳 N	υ			
D 1 2 2				Туре	of Termi	nation Procedur		41					
Procedure that Term  Medical (Nons)						Additional Pr			rmınated Pı Mifepriston	•			
Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) l	Misoprostol	[			
Medical (Nons	urgical)	Other (Specify)				Medical (Nonsurgical) Other (Specify)							
The patient sign	cating the rer's instr ned the par	e following items we uctions provided to tient agreement	ere completed	estion		Check the bo The man	x indica ufacture ent sign	ating the er's instr and the pa	following uctions pro atient agree	items were c vided to the j ment			
☐ Medical (Surgi ☐ Medical (Surgi		tion Curettage istrual Aspiration							ion Curetta strual Aspi				
Medical (Surgi									er (Specify)				
For Medical (Surgio	cal) proce	dures, answer the fo	llowing questio	n.		For Medical (Surgical) procedures, answer the following question.							
		e a post fertilization	age at least 20 v	weeks?		Was the fet	us viab	le or hav			e at least 20 weeks?		
☐ Yes  If the previous ques	☐ No	answered ves comp	lete the followi	ng questio	ns	If the previou		] No ion was a	nswered v	es complete t	the following questions.		
Was the fetus given	the best	opportunity to surviv		ig questio	115.	Was the fett	ıs given	the best	-	y to survive?			
	□No						es [	□ No					
	aired the	determination that procedure to avert of					nat requ	ired the			e pregnant woman had a th or serious impairment to		
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(.		
Date last normal me	-	an <b>07/2018</b>		Physicia	n estimat	e of gestation (i	n weeks	s)	Post fe	rtilization ag	e of the fetus (in weeks)  5		
How were the gesta			on age determin	ed?							<u> </u>		
ULTRASOUND		•											
Was a waiver of cons	sent obtain	ned?	5 • N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abı	ısed		oerced		Harassed	☐ Trafficked		
Full name of physic DR. CASANDRA C	_	-											
Address of physicia			mber and street	, city, stat	e, and zip	code)							
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268										
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_			

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregn	ancy ten			County of p	oregnancy termination MARION
Patient's age** 20	Marrie	d Yes • No	Date of pregn	ancy term		Educ	ation	Н	ligh Scho	ol Diploma	or GED
Race American Indian			Asian	=		an American				anic or Latino	
Live Births:		r Pacific Islander umber now living	■ White	☐ Othe	er			known oer now d		Hispanic or La	atino Unknown
Other Termination	ns: N	umber of spontaneo					Numb	per of ind	uced termi		
Dates of termination	ns (Do no	ot include this termin	nation. If more th	han six (6	), those m	ost recent.)	1				
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:		4			y preexistin		aditions of the patient that may
								N/A			
Fetus viable?  ☐ Yes ■	No	If viable, medical	reason for term	ination:				• 1	Compli	cation(s) of Pr	regnancy Termination Uterine Perforation
Pathological examin	nation	If yes, results:							Hemorrhag Infection	e 🗆	Cervical Laceration Retained Products
performed?  Yes	No								Other (Spec	_	Retained Froducts
								Did this			ncy result in a maternal death?
				Туре	of Termi	nation Procedu	ıres				
Procedure that Term		• •				Additional P				•	
Medical (Nonsi     Medical (Nonsi     Medical (Nonsi	urgical)	Misoprostol				☐ Medica	l (Nonsu	rgical) N	Mifepriston Misoprosto Other (Spec	[	
For Medical (Nonsu Check the box indic  The manufactur  The patient sign	cating the rer's instr ed the pa	e following items we uctions provided to tient agreement	ere completed	estion		Check the b  The man  The pati	ox indic nufactur ient sign	ating the er's instru ned the pa	following actions pro atient agree	items were c vided to the j ment	=
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medica	l (Surgic	al) Mens	ion Curetta strual Aspi r (Specify)		
		edures, answer the for				Was the fe	etus viab				ring question. e at least 20 weeks?
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ng questic	ons.	Was the fe	-	the best	-	es, complete t y to survive?	the following questions.
	ired the	determination that procedure to avert					that requ	ired the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nan	ne of the	e second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>01/2018</b>		Physicia	an estimat	e of gestation (	in week:	s)	Post fe	rtilization age	e of the fetus (in weeks)  5
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?							
Was a waiver of cons						a waiver of no				Yes	■ No
Is the patient seeking Full name of physic			g any of the follo	wing!	☐ Abı	ised		Coerced		Harassed	☐ Trafficked
DR. CASANDRA C	CASHMA	AN		• • •	. 1:	7.)					
Address of physicia 8590 GEORGETO	-	-		, city, stai	te, and zip	coae)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregn	ancy ter			County of p	pregnancy termination MARION
Patient's age** 18	Marrie	d Yes No	Date of pregn	ancy term		Educ	ation	н	ligh Scho	ol Diploma	or GED
Race American Indian			Asian			an American			Ethnicity  Hispa	anic or Latino	)
Live Births:		er Pacific Islander umber now living	☐ White 0	■ Othe	er			known er now d		Hispanic or La	atino Unknown
Other Termination	ns: N	umber of spontaneou					Numb	per of ind	uced termi		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	han six (6	), those m	ost recent.)	1				
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:		4			y preexistin		aditions of the patient that may
								N/A			
Fetus viable?  ☐ Yes ■	No	If viable, medical	reason for term	ination:					None		regnancy Termination Uterine Perforation
Pathological examir performed?		If yes, results:						_ 1	Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products
								Did thi □ Ye			ncy result in a maternal death?
				Туре	of Termi	nation Procedu	ıres				
Procedure that Term		• •				Additional P				•	
Medical (Nons)     Medical (Nons)     Medical (Nons)	urgical)	Misoprostol				☐ Medica	l (Nonsu	rgical) N	Mifepriston Misoprostol Other (Spec	[	
The patient sign  Medical (Surgi  Medical (Surgi	eating the rer's instructed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage astrual Aspiration	ere completed	estion		Check the b  The man  The pati  Medica  Medica	ox indic nufactur ient sign l (Surgic l (Surgic	ating the er's instru- ned the parally Suctional (al) Men	following actions pro atient agree ion Curetta strual Aspi	items were c vided to the p ment ge	=
Medical (Surgi			llowing question	n				, 	r (Specify)	4h 6-11	ving question.
Was the fetus viab ☐ Yes	le or hav ☐ No	e a post fertilization	age at least 20 v	weeks?		Was the fe	etus viab Yes [	le or hav No	e a post fer	tilization age	e at least 20 weeks?
	the best	answered yes, compoportunity to surviv		ng questic	ons.	Was the fe	-	the best	-	es, complete t y to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	ired the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	0(3)	List the nan	ne of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an 17/2018		Physicia	an estimat	e of gestation (	in week.	s)	Post fe	rtilization age	e of the fetus (in weeks)  6
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?							
Was a waiver of cons Is the patient seeking		1 1 60				a waiver of no				Yes	■ No  Trafficked
Full name of physic			any of the follo	wing?	☐ Abı	ised		Coerced		Harassed	☐ Trafficked
DR. CASANDRA C	CASHM	AN	mbar and streat	aity sta	to and sin	anda)					
Address of physicia 8590 GEORGETO	-	-		, city, stai	ie, and zip	coae)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of	pregnancy termin	ation
Patient's age**	Marrie	d	Date of pregr	nancy term	ination	Educa	tion					
25		Yes No		07/24/20 <sup>-</sup>				H	ligh Scho	ol Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac ■ Othe		an American		known	☐ Not 1	y anic or Latin Hispanic or L		Jnknown
Live Births:	N	umber now living	2				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)						
1	2		3			4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexisting cate the about		nditions of the pati	ent that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	nination:				-	Compli	cation(s) of P	regnancy Termin	ation
	110							•	None		Uterine Perfora	ation
Data to the control of the control o		TC I							Hemorrhag	ge 🗆	Cervical Lacera	ation
Pathological examination performed?	nation	If yes, results:							Infection		Retained Produ	icts
☐ Yes ■	No								Other (Spe	cify)		
											ncy result in a ma	ternal death?
		<u> </u>						☐ Ye	s 🔳 N	O		
				Туре	of Termi	nation Procedur						
Procedure that Term		•				Additional Pr						
☐ Medical (Nons ☐ Medical (Nons									Mifepristor Misoprosto			
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)		
For Medical (Nonsu Check the box indic				estion		For Medical ( Check the bo		_ , 1			lowing question	
	-	ructions provided to	_					_	_	vided to the	-	
☐ The patient sign	ned the pa	tient agreement				☐ The patie	ent sign	ed the p	atient agree	ment		
Medical (Surgi		tion Curettage strual Aspiration							ion Curetta strual Aspi			
Medical (Surgi	cal) Oth	er (Specify)							er (Specify)			
For Medical (Surgio	cal) proce	dures, answer the fc	llowing question	on.		For Medical (	(Surgica	al) proce	dures ansv	ver the follow	ving question.	
· -		e a post fertilization									e at least 20 week	s?
	■ No	answered yes, comp	lata tha fallowi	na augstio	an a		es [	_	manyarad v	os aomnlata	the following que	actions
		opportunity to survi		ng questio	ons.	_	-		-	ty to survive?		stions.
	□No						Yes [		- P P	.,		
		determination that									e pregnant wom	
the pregnant woman		procedure to avert	death or serious	s impairm	ent to	condition the			procedure	to avert dea	th or serious imp	airment to
						prognan	····	-				
List the name -f4	Canona I	octor present, as requ	irad undar IC 14	5 24 2 24-2	(3)	Liat tha	o of th	sees J	doctor	ant acres.	red under IC 16-3	3/1/2/2/2/2/
N/A	second d	octor present, as requ	irea unaer ic ic	)-34-2-3(a)	(3)	List the name	e or me	second	doctor pres	sent, as requi	red under ic 16	54-2-5(a)(5)
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in weeks	5)	Post fe	ertilization ag	ge of the fetus (in	weeks)
11		27/2018		10		12					10	
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ied?								
<u></u>	. 1. 1	10 🗖							10			
Was a waiver of cons Is the patient seeking					Was	a waiver of not		n obtain	ed?	☐ Yes Harassed	■ No  Trafficked	 I
Full name of physic			,, 01 110 10110	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AU			Jones		1 110100500		
DR. CASANDRA	-	-										
Address of physicia	-	-		t, city, stat	te, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268									
**Date Reported	to DCS	, if Patient under	16 (month, day	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of	pregnancy termination  MARION	
Patient's age**	Marria	d	Date of pregn	ancv term	ination	Educa	tion			1		
31	Marrie [	d ☐ Yes ■ No		07/24/20		Lauca			Some Co	ollege, No I	Degree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Blac		an American	☐ Un	known		y anic or Latin Hispanic or L		wn
Live Births:	N	umber now living	2				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou					Numb	er of inc	luced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)				<u> </u>		
1	2	L	3			4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of the patient that	ıt may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination	
	110							•	None		Uterine Perforation	
D. J.		70							Hemorrhag	je 🗆	Cervical Laceration	
Pathological examination performed?	nation	If yes, results:							Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal	death?
		<u> </u>						☐ Ye	s 🔳 N	0		
				Type	of Termi	nation Procedur						
Procedure that Term		•				Additional Pr				•		
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>									Mifepriston Misoprosto			
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)		
For Medical (Nonsurgical) procedures, answer the following question  For Medical (Nonsurgical) procedures, answer the following question												
Check the box indic	cating the	e following items we	ere completed			Check the bo	x indic	ating the	following	items were o	completed	
The manufacture.  The patient sign		ructions provided to	the patient						uctions pro atient agree	wided to the	patient	
Medical (Surgi									ion Curetta			
	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi er (Specify)	ration		
Medical (Surgi	cai) Oui	ei ( <i>specify)</i>					(Surgic	ai) Ouic	я (Specify)			
For Medical (Surgio											ving question.	
	le or hav ☐ No	e a post fertilization	age at least 20 v	weeks?			tus viab 'es [		e a post fei	rtilization age	e at least 20 weeks?	
If the previous ques	_	answered yes, comp	lete the following	ng questio	ons.			_	nswered y	es, complete	the following questions	3.
	the best	opportunity to survi	ve?						opportunit	y to survive?	•	
			a.	-	,		Yes L	_				
		determination that procedure to avert of									e pregnant woman h th or serious impairme	
the pregnant woman				•		the pregnan			1			
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3	s(a)(3)
				T =					ı			
Date last normal me	_	an <b>08/2018</b>		Physicia	an estimat	e of gestation (i	in weeks	5)	Post fe	ertilization ag	ge of the fetus (in weeks  4	)
How were the gesta			on age determin	led?							•	
ULTRASOUND	_											
Was a waiver of cons	sent obtain	ned?	s • N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being			☐ Abı	ısed		oerced		Harassed	Trafficked	
Full name of physic	-	-										
DR. CASANDRA (			mb on I	4 ale: 1 :	toJ ·	0040						
Address of physicia 8590 GEORGETO	-	-		ı, city, stat	e, and zip	coae)						
440	L. D.C.	icn.	164									
**Date Reported	to DCS	, if Patient under	10 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of pre	gnancy te			County of p	oregnancy termination  MARION
Patient's age** 33	Marrie	ed Yes No	Date of pregn	ancy term 07/24/20		Ed	ucation		Bach	nelor's Degr	ee
Race American Indian			Asian			an America				anic or Latino	
☐ Native Hawaiiai		umber now living	White	■ Othe	er			nknown ber now d		Hispanic or L	atino Unknown
Other Termination	ns: N	umber of spontaneou	us terminations				Num	ber of ind	uced termi	nations 0	
	ns (Do no	ot include this termin	ation. If more ti	han six (6	), those me	ost recent.)				<u> </u>	
1. 04/21/2018  Fetus delivered alive	2 e?	If yes, length of ti	me fetus surviv	ed·		4		5 List an	v preexistin	g medical con	ditions of the patient that may
☐ Yes ■		ir yes, rengar or a	10145 541 717	· ·					cate the abo	-	
Fetus viable?		If viable, medical	rangen for term	inations				N/A			
Yes Yes	No	ii viable, illedical	reason for term	mation.					Compli	cation(s) of Pr	regnancy Termination
									None Hemorrhag	e 🗆	Uterine Perforation Cervical Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products
☐ Yes ■	No								Other (Spec	cify)	
								Did thi	s terminati	on of pregnar	ncy result in a maternal death?
								☐ Ye			cy result in a maternar deaur:
				Туре	of Termi	nation Proc					
Procedure that Term  Medical (Nons)									minated Pr Mifepriston		
☐ Medical (Nons	urgical)	Misoprostol				☐ Med	ical (Nons	urgical) N	Aisoprosto Other (Spec	l	
·											
For Medical (Nonsu Check the box indic				estion						nswer the foll items were c	owing question
☐ The manufactur	rer's instr	ructions provided to	•			☐ The r	nanufactu	rer's instru	actions pro	vided to the p	=
The patient sign  Medical (Surgi						☐ Med	ical (Surg	ical) Sucti	itient agree ion Curetta	ige	
☐ Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi r ( <i>Specify)</i>		
For Medical (Surgic			• .							ver the follow	• .
	le or hav ■ No	e a post fertilization	age at least 20 v	weeks?				ble or hav □ No	e a post fei	rtilization age	at least 20 weeks?
		answered yes, comp opportunity to surviv		ng questic	ons.	*	•			es, complete t ty to survive?	the following questions.
☐Yes [		opposition of the control of the con				Was the	Yes	□ No	оррогили	ly to survive:	
		determination that procedure to avert of									pregnant woman had a h or serious impairment to
the pregnant woman	n?						nant wom		r		· · · · · · · · · · · · · · · · · · ·
Tird Cd				. 24 2 2()	(2)	T d	6.4	,	1		1 1 10162422()(2)
N/A	second d	octor present, as requ	ired under IC 16	-34-2-3(a <sub>j</sub>	)(3)	List the r	name of th	e second	doctor pres	sent, as requii	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an (21/2018		Physicia	an estimate	e of gestatio	on (in wee	ks)	Post fe	ertilization age	e of the fetus (in weeks)
How were the gesta			on age determin	ed?							
ULTRASOUND					T						
Was a waiver of cons Is the patient seeking					Was D	a waiver of		on obtaine Coerced		☐ Yes Harassed	■ No  □ Trafficked
Full name of physic	ian perfo	rming termination									
DR. CASANDRA C			mber and street	t, city, sta	te, and zip	code)					
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268								
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of	pregnancy MAR	termination
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
18		Yes No		07/24/20 <sup>2</sup>				H		ol Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac ■ Othe		an American		known	☐ Not 1	y anic or Latin Hispanic or I		Unknown
Live Births:	N	umber now living	0				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations <b>0</b>		
Dates of termination	,		v	, ,		· ·	<u>I</u>					
1						4		5			6	the patient that may
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					cate the abo		natuons of	ne patient that may
								N/A				
Fetus viable?		If viable, medical	reason for term	ination:					C 1:	() CT		T
☐ Yes ■	No							▣	Compli None	cation(s) of F		Perforation
									Hemorrhag	_	•	Laceration
Pathological examing performed?	nation	If yes, results:							Infection		Retained	d Products
Yes •	No								Other (Spe	cify)		
											ncy result i	in a maternal death?
		1						☐ Ye	es 🔳 N	U		
Dona 1 41 cm	.i 15			Туре	of Termi	nation Procedu		4 T				
Procedure that Term  Medical (Nons						Additional Pr			rminated Pi Mifepriston			
Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) l	Misoprosto	l		
☐ Medical (Nons	urgicar)	Other ( <i>specify</i> )				Wiedicai	(INOIISU	igicai) (	Other (Spec	:tJy)		
For Medical (Nonsu	raical) n	rocedures, answer th	e following au	ection		For Medical (	Noncur	aical) pr	ocaduras a	nowar tha fol	lowing gue	ection
Check the box indic				Stion		Check the bo						Stion
The manufacture The patient sign		ructions provided to	the patient						uctions pro atient agree	ovided to the	patient	
☐ Medical (Surgi									ion Curetta			
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi er (Specify)			
	car) Our	or (specify)				Wiedicar	(Buigie	ar) Our	л (вресцу)			
												·····
For Medical (Surgion Was the fetus viab		dures, answer the fo e a post fertilization				For Medical (				ver the follov rtilization age	- 1	
☐ Yes	☐ No	_				□ Y	es [	No	_			
If the previous ques Was the fetus giver		answered yes, comp opportunity to survi		ng questio	ons.	_	-		-	es, complete ty to survive?		ing questions.
	□No	Tr y					Yes [		соррогии	ly to survive.		
		determination that										t woman had a
the pregnant woman		procedure to avert	death or serious	s impairm	ent to	condition the pregnan			procedure	to avert dea	th or serio	us impairment to
						1 .5 ,						
List the name of the	second d	octor present, as requ	ired under JC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)
		. , 4		- (*)	• •				r	, -1***		<u> </u>
Date last normal me	-	an 15/2018		Physicia	an estimat	e of gestation (i	in weeks	s)	Post fe	ertilization ag	ge of the fet	tus (in weeks)
How were the gesta			on age determin	led?		<b>y</b>						
ULTRASOUND												
Was a waiver of cons	sent obtain	ned?	s • N	No	Was	a waiver of not	tificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	g any of the follo	owing?	Abı	ısed		oerced		Harassed	Tra	ifficked
Full name of physic	-	-										
Address of physicia			mber and stree	t, city, stat	e, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268									
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address	590 GEORGETOWN ROA	'			town, of pregna	ancy term	ination		County of J	pregnancy te	
							NAPOLIS	5			MARIO	N
Patient's age** 21	Marrie [	d Yes No	Date of pregn	ancy term 07/24/20		Educa	tion			ollege, No D	Degree	
Race American India Native Hawaiiai			☐ Asian ☐ White	☐ Blac		an American	☐ Unkı	nown		y anic or Latino Hispanic or L		Unknown
Live Births:		umber now living	0	<u> </u>	<i>,</i> 1				eceased	0	atmo	Chkhown
Other Termination	ns: N	umber of spontaneo					Numbe	r of ind	uced termi	nations		
Dates of termination		ot include this termin	ation. If more to	han six (6	), those m	ost recent.)				0		
1	2		3			4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexisting preexisting preexisting preexisting preexisting and the preexisting preexist		nditions of th	e patient that may
Fetus viable?		If viable, medical	reason for term	ination:				N/A				
Yes •	No	ii viaoic, incurcai	reason for term	illiation.					Compli	cation(s) of P	regnancy Te	rmination
								_	None	_	Uterine Po	
Pathological examir	nation	If yes, results:							Hemorrhag	ge ∐	Cervical I Retained 1	
performed?  ☐ Yes ■	No								Other (Spe	_	recuired	Toddets
	110											
								Did thi	s terminati	on of pregnai	ncy result in	a maternal death?
								☐ Ye				
				Туре	of Termi	nation Procedur						
Procedure that Term		• •				Additional Pr						
☐ Medical (Nons ☐ Medical (Nons	urgical)	Misoprostol							Aifepristor Aisoprosto			
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsurg	gical) (	Other (Spec	cify)		
				_								
For Medical (Nonsu Check the box indic				estion		For Medical ( Check the bo	` _	/ 1			O 1	.ion
_		ructions provided to	the patient			☐ The man					patient	
The patient sign  Medical (Surgi						☐ The patie			tient agree			
☐ Medical (Surgi)	cal) Mer	nstrual Aspiration				☐ Medical	(Surgical	l) Mens	strual Aspi	ration		
☐ Medical (Surgi	icai) Oth	er (Specify)				Medical	(Surgical	i) Otne	r (Specify)			
For Medical (Surgio		edures, answer the for e a post fertilization	• .			For Medical (		-		ver the follow rtilization age		
☐ Yes	■ No					□ Y	es 🗆	No	_			
If the previous ques		answered yes, comp opportunity to survi		ng questio	ns.	If the previou	•		-	es, complete ty to survive?		g questions.
	□No	opportunity to survi					Yes $\square$		оррогин	ty to survive:		
		determination that										woman had a
the pregnant woman		procedure to avert	death or serious	s impairm	ent to	condition the the pregnan			procedure	to avert deat	th or serious	s impairment to
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the s	second o	doctor pres	sent, as requi	red under IC	C 16-34-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in weeks)		Post fe	ertilization ag	e of the fetu	s (in weeks)
Howard 4		05/2018	on ogg J-4 .	od9		8					6	
How were the gesta ULTRASOUND	tionai ag	e and post tertilization	on age determin	ea?								
Was a waiver of cons	sent obtain	ned? Yes	s 🔳 N	No	Was	a waiver of not	tification	obtaine	ed?	☐ Yes	■ No	
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed	Со	erced		Harassed	☐ Traff	icked
Full name of physic				_	_					_	_	
Address of physicia	n perforn	ning termination (nu		t, city, stat	te, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268									
**Data Danartad	to DCS	if Patient under	16 (month de	naaml.								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination MARION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educat	tion				
22		☐ Yes ■ No	(	07/24/201	18			H		ol Diploma	or GED
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	1						leceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi	nations 0	
Dates of termination			· ·			,					
1						4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
								N/A			
Fetus viable?  Yes  •	No	If viable, medical	reason for term	iination:				-	Compli	cation(s) of P	regnancy Termination
								•	None		Uterine Perforation
Pathological examin	nation	If yes, results:							Hemorrhag	ge 🔲	Cervical Laceration
performed?	iation	ii yes, resuits.						_	Infection		Retained Products
☐ Yes ■	No							Ш	Other (Spec	cify)	
								Did thi ☐ Ye			ncy result in a maternal death?
				Trmo	of Tarm:	nation Procedur	-AC				
Procedure that Term	ninated P	regnancv		1 уре	OI ICIIIII	Additional Pr		that Te	rminated P	regnancv	
☐ Medical (Nonsu									Mifepriston		
☐ Medical (Nonsu ☐ Medical (Nonsu									Misoprosto Other (Spec		
ivicultar (Norist	urgicar)	other (specify)				Wiedlear	(140113u	igicai) (	other (spec	.( <i>jy)</i>	
For Medical (Nonsu	raical) n	roaduras answar th	o following au	ation		For Madical (	Nongur	aiaal) pr	aaaduraa a	nawar tha fall	lowing question
Check the box indic				SHOII		Check the bo					
☐ The manufactur			the patient						-	ovided to the	patient
The patient signal Medical (Surgio									atient agree ion Curetta		
Medical (Surgio	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration	
Medical (Surgio	cal) Oth	er (Specify)				Medical	(Surgic	al) Othe	er (Specify)		
For Medical (Surgic						For Medical (	-				
	le or have  No	e a post fertilization	age at least 20	weeks?		Was the fet		le or hav ] No	e a post fei	rtilization age	e at least 20 weeks?
If the previous quest		answered yes, comp	lete the following	ng questio	ns.	_			nswered y	es, complete	the following questions.
	the best No	opportunity to surviv	ve?				ıs given Yes [		opportunit	ty to survive?	
			4	,							
		determination that procedure to avert of									e pregnant woman had a th or serious impairment to
the pregnant woman	1?					the pregnant					-
	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
N/A  Deta last normal ma	maca L			Dp ,	ın catin il	a of cost-til	m 1 1	-1	D C	retilizati	ra of the fotos (in mod.)
Date last normal me	_	an <b>28/2018</b>		rnysicia	ııı estimat	e of gestation (i	n weeks	)	Post fe	aunzauon ag	ge of the fetus (in weeks)
How were the gestat	tional ago	and post fertilization	on age determin	ed?							
ULTRASOUND											
Was a waiver of cons						a waiver of not	_		ed?	☐ Yes	■ No
Is the patient seeking			any of the follo	owing?	☐ Abı	ısed		oerced		Harassed	☐ Trafficked
Full name of physici	-	-									
Address of physician			mber and stree	t, city, stat	e, and zip	code)					
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268								
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	own, of pregn	ancy ten			County of p	pregnancy termination MARION
Patient's age** 22	Marrie [	d ☐ Yes ■ No	Date of pregna	ancy term 07/25/20		Educ	ation			ster's Degre	ee
Race American Indian Native Hawaiian		ka Native r Pacific Islander	☐ Asian ☐ White	■ Blac		an American	☐ Un	ıknown		y anic or Latino Hispanic or L	
Live Births:	N	umber now living	0					per now de		0	
Other Termination	ns:	umber of spontaneou	is terminations				Numb	per of indu	ced termi	nations 0	
Dates of termination	ns (Do no	ot include this termin	ation. If more th	an six (6	), those m	ost recent.)	1				
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:		4			preexistin		aditions of the patient that may
Fetus viable?		If viable, medical	roagan for tarm	ination				N/A			
Yes Yes	No	ii viabie, medicai	reason for term	ination:					Complice one emorrhage		regnancy Termination Uterine Perforation Cervical Laceration
Pathological examin performed?		If yes, results:						☐ In	fection ther (Spec		
								Did this Yes	terminatio		ncy result in a maternal death?
				Туре	of Termi	nation Proced	ıres				
Procedure that Term	ninated P	regnancy				Additional I		e that Term	ninated Pi	regnancy	
Medical (Nonsi     Medical (Nonsi     Medical (Nonsi	urgical)	Misoprostol					l (Nonsu	orgical) Morgical) Morgical) Ot	isoprostol	l	
The patient sign  Medical (Surgion	eating the rer's instructed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage astrual Aspiration	ere completed	stion		Check the b	ox indic nufactur ient sign l (Surgic l (Surgic	ating the f	ollowing etions pro ient agree on Curetta rual Aspi	items were covided to the period ge ration	=
For Medical (Surgic		edures, answer the fo	• .								ving question.
☐ Yes	☐ No	_					Yes [	No			
-	the best	answered yes, comp opportunity to survi		ig questic	ons.	Was the fe	-	n the best o	-	es, complete to the survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	aired the p			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nar	ne of the	e second do	octor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	05/	27/2018			an estimat	e of gestation <b>7</b>	in week:	s)	Post fe	ertilization ag	te of the fetus (in weeks)  5
How were the gestar	tional ag	e and post fertilization	on age determin	ed?							
Was a waiver of cons						a waiver of no				☐ Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CASANDRA C	_										
Address of physicia 8590 GEORGETO	-	-		, city, stai	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of	pregnancy termination  MARION	)n
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
21	_	Yes No		07/24/20 <sup>2</sup>			_		Some Co	ollege, No I	Degree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		known	■ Not I	y anic or Latin Hispanic or L		nown
Live Births:	N	umber now living	0				Numb	per now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of ind	luced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)						
1	2		3			4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of the patient	that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination	on .
	110							•	None		Uterine Perforatio	n
Data to the state of		TC 1							Hemorrhag	ge 🗆	Cervical Laceration	'n
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a mater	nal death?
		<u> </u>						☐ Ye	s 🔳 N	0		
				Type	of Termi	nation Procedur						
Procedure that Term		•				Additional Pr				•		
☐ Medical (Nonsi									Mifepriston Misoprosto			
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	rify)		
For Medical (Nonsu				estion							lowing question	
Check the box indic	-	uctions provided to	-			Check the bo		-	_	ovided to the	•	
☐ The patient sign									atient agree		·····	
Medical (Surgi									ion Curetta strual Aspi			
Medical (Surgi		nstrual Aspiration er (Specify)							struai Aspi er ( <i>Specify</i> )			
For Medical (Surgio	nal) proge	duras answer the fo	llowing question			E M-di1	(C:	-1)	4	4l £-11	· · · · · · · · · · · · · · · · · · ·	
		e a post fertilization				For Medical ( Was the fet					at least 20 weeks?	
Yes	■ No					□ Y	es [	No	_			
If the previous ques		answered yes, comp opportunity to survi		ng questio	ons.	_	-		-	_	the following questi	ons.
	□ No	opportunity to survi	vc:				us giver Yes [		. opportunii	ty to survive?		
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the ba	sis for	determinat	tion that the	e pregnant woman	had a
	aired the	procedure to avert				condition th	hat requ	ired the			th or serious impair	
ine pregnant would						the pregnan	ı woma	11.5				
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34-	2-3(a)(3)
Date last normal me	enses heg	an		Physicia	an estimat	e of gestation (i	in week	5)	Post fe	ertilization as	e of the fetus (in we	eks)
	_	24/2018				8					6	
How were the gesta	tional ag	e and post fertilization	on age determin	ed?								
ULTRASOUND												
Was a waiver of cons						a waiver of not			ed?	Yes	■ No	
Is the patient seeking			g any of the follo	owing?	Abı	ısed	☐ C	Coerced		Harassed	☐ Trafficked	
Full name of physic DR. CASANDRA C	-	-						_				_
Address of physicia			mber and stree	t, city, stat	te, and zip	code)						
8590 GEORGETO	-	-										
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS
Per IC 16:34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of 1	pregnancy MAR	termination
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
19	_	Yes No		07/24/20 <sup>2</sup>						ool Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		known	☐ Not I	y anic or Latin Hispanic or L		Unknown
Live Births:	N	umber now living	0				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin				ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of t	the patient that may
F ( 11.0		TC : 11 I: 1		. ,.				N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:					Compli	cation(s) of P	regnancy 7	Termination
									None			Perforation
Pathological examin	nation	If yes, results:							Hemorrhag	_		Laceration
performed?	iution	ii yes, resuits.							Infection	:6.)	Retained	l Products
☐ Yes ■	No								Other (Spec	cify)		
								Did thi ☐ Ye			ncy result i	n a maternal death?
				Tyne	of Termi	nation Procedur	res					
Procedure that Term	ninated P	regnancy		. ypc	. J. 1011111	Additional Pr		e that Te	rminated P	regnancy		
Medical (Nons	urgical)	Mifepristone				☐ Medical	(Nonsu	rgical) l	Mifepriston	ie		
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>									Misoprosto Other (Spec			
	,	(-1-33)					(	<b>3</b> · · · )	( <b>-</b>	357		
For Medical (Nonsu	ırgical) n	rocedures answer th	e following and	estion		For Medical (	Nonsur	oical) nr	ocedures a	nswer the foll	lowing ane	estion
Check the box indic				,5,1011		Check the bo	x indica	ating the	following	items were c	completed	
The manufacture The patient sign		ructions provided to	the patient						uctions pro atient agree	ovided to the	patient	
Medical (Surgi		<u>_</u>							ion Curetta			
	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi er (Specify)	ration		
i Medicai (Surgi	icai) Oui	er ( <i>specify)</i>				iviedicai	(Surgic	ai) Ouic	н (зресцу)			
For Medical (Surgio						For Medical (					- 1	
	□ No	e a post fertilization	age at least 20 v	weeks?			'es [		e a post lei	rtilization age	e at least 20	) weeks?
If the previous ques				ng questio	ons.	If the previou	-		-	-		ng questions.
	i the best	opportunity to survi	ve?				us given Yes 🔲		t opportunit	ty to survive?		
What was the ha	isis for	determination that	the pregnant	woman l	nad a			_	determina	tion that the	nreonan	t woman had a
condition that requ	aired the	procedure to avert				condition th	hat requ	ired the				us impairment to
the pregnant woman	111					the pregnan	ı womaı	n?				
											_	
List the name of the	second d	octor present, as requ	ired under IC 16	o-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in weeks	5)	Post fe	ertilization ag	e of the fet	tus (in weeks)
***		12/2018				6					4	
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?								
Was a waiver of cons	sent obtain	ned?	s • N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	g any of the follo	owing?	Abı	ısed	☐ C	oerced		Harassed	Tra	fficked
Full name of physic	-	-										
Address of physicia			mber and stree	t, city, stat	te, and ziv	code)						
8590 GEORGETO	-	-			· •r							
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):			_			_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of	pregnancy to	
Patient's age**	Marrie	rd.	Date of pregn	ancy term	ination	Educa	tion					
18		Yes No		07/24/20 <sup>-</sup>	18				9th-12	th, No Dipl	oma	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		known	■ Not I	/ anic or Latin Hispanic or L		Unknown
Live Births:	N	umber now living	0				Numb	er now d	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of ind	uced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)	<u>I</u>			<del>-</del>		
1		2				4		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo		iditions of th	ne patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy T	ermination
	110							• 1	None		Uterine P	erforation
Pathological avamir	nation	If yes, results:							Hemorrhag	е 🗆	•	Laceration
Pathological examination performed?	iation	ii yes, iesuits.							Infection		Retained	Products
☐ Yes ■	No								Other (Spec	cify)		
								Did thi ☐ Ye			ncy result in	a maternal death?
					6.77			16	~ <u> </u>	~		
Dropo June 41 4 T	ainet-15	ragnon s		Туре	of Termi	nation Procedur		. +h -+ T				
Procedure that Term  Medical (Nons						Additional Pr			minated Pi Mifepriston	•		
Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) N	//isoprostol	[		
☐ Medical (Nons	urgical)	Other (Specify)				Medical	(Nonsu	rgical) (	Other (Spec	rify)		
		rocedures, answer the following items we		estion		For Medical ( Check the bo						tion
The manufactur	rer's instr	ructions provided to	-			☐ The man	ufactur	er's instru	actions pro	vided to the	•	
The patient sign									tient agree			
☐ Medical (Surgi ☐ Medical (Surgi		tion Curettage istrual Aspiration							ion Curetta strual Aspi			
☐ Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)			
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questic	n.		For Medical	(Surgica	al) proced	dures, answ	ver the follow	ving questio	n.
		e a post fertilization	age at least 20	weeks?					e a post fer	tilization age	at least 20	weeks?
	☐ No tion was	answered yes, comp	lete the following	ng questio	ons.	If the previou	es [ is questi	_	nswered y	es, complete	the followir	ng questions.
Was the fetus given	n the best	opportunity to surviv				Was the fett	us give <u>r</u>	the best	-	y to survive?		
□Yes	□No						Yes L	」 No				
		determination that procedure to avert of										woman had a is impairment to
the pregnant woman		procedure to avert	acum of serious	,p		the pregnan			procedure	to avert dea	ii or seriou	s impairment to
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under I	C 16-34-2-3(a)(3)
Date last normal me	_	an <b>07/2018</b>		Physicia	an estimat	e of gestation (i	in weeks	5)	Post fe	rtilization ag	ge of the fetu <b>4</b>	ıs (in weeks)
How were the gesta		e and post fertilization	on age determin	led?		<u> </u>						
ULTRASOUND												
Was a waiver of cons	sent obtain	ned?	s • N	No	Was	a waiver of not	tificatio	n obtaine	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	Traf	ficked
Full name of physic	-	-										
DR. CASANDRA C		ning termination (nu.	mher and stree	t. city stat	te, and zin	(code)						
8590 GEORGETO	-	=		.,,, siui	-, www. Lip							
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	IN, 46268	City or	town, of pregna	•			County of	pregnancy t				
Patient's age**	Marrie	.d	Date of pregn	nancy term	ination	Educa	tion			I		
23		Yes No		07/28/20 <sup>-</sup>					Some Co	ollege, No [	Degree	
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Blac ■ Othe		an American	☐ Un	known		y anic or Latin Hispanic or L		Unknown
Live Births:	N	umber now living	0				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations				Numb	er of ind	uced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)						
1. 05/05/2018	2					4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		nditions of th	he patient that may
F ( 110		TC : 11 1: 1	Ĉ.	. ,.				N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:					Compli	cation(s) of P	regnancy T	ermination
	110							•	None		Uterine F	Perforation
D. 1. 1. 1. 1. 1.		70							Hemorrhag	ge 🗆	Cervical	Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained	Products
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in	n a maternal death?
		<u> </u>						☐ Ye	s 🔳 N	0		
				Type	of Termi	nation Procedur						
Procedure that Term		•				Additional Pr						
<ul><li>Medical (Nons)</li><li>Medical (Nons)</li></ul>								Mifepriston Misoprosto				
Medical (Nons									Other (Spec			
For Medical (Nonsu				estion		For Medical (						stion
Check the box indice.  The manufacture.	_	=	_			Check the bo		_	_	items were ovided to the	_	
The manufacture.  The patient sign			the patient						tient agree		putient	
Medical (Surgi									ion Curetta			
Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi r (Specify)			
, ,	Ź											
- M 1: 1/G :	1)	1 0	11									
For Medical (Surgic		edures, answer the for e a post fertilization				For Medical (				ver the follow rtilization age		
Yes	☐ No		_				es [		e a post iei	tillization age	at icust 20	weeks:
If the previous ques				ng questio	ns.	If the previou	-		-	-		ng questions.
	⊓No	opportunity to survi	ve?				us giver Yes [		opportunit	ty to survive?	•	
What was the ba	isis for	determination that	the pregnant	woman 1	nad a	What was	the bo	sis for	determina	tion that the	e pregnant	woman had a
condition that requ	aired the	procedure to avert				condition tl	hat requ	ired the				is impairment to
the pregnant woman	n?					the pregnan	t woma	n?				
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under I	C 16-34-2-3(a)(3)
Date last normal me	nges bac	an		Physicia	an ectimet	e of gestation (i	in wast-	r)	Doct fo	ertilization co	re of the fot-	us (in weeks)
Duce last normal file	_	an KNOWN		inysicia	votiiiidl	<b>7</b>	WEEK!	•,	1 051 10	zanzanon ag	<b>5</b>	no (in weeks)
How were the gesta	tional ag	e and post fertilization	on age determin	ied?					1			
ULTRASOUND												
Was a waiver of cons					Was	a waiver of not	tificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	g any of the follo	owing?	☐ Abı	ised		coerced		Harassed	☐ Traf	fficked
Full name of physic	-	-						_				
Address of physicia			mber and stree	t, citv. stat	te, and zin	code)						
8590 GEORGETO	-	=		, , , , , , , , , , , , , , , , ,	, <b></b> .p	/						
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462					City or t	town, of pregr	nancy ter			County of p	oregnancy termination MARION
Patient's age** 30	Marrie	d ☐ Yes ■ No	Date of pregna	ancy term 07/28/20		Educ	ation	5	Some Co	ollege, No D	)egree
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an American		ıknown		/ anic or Latino Hispanic or La	
Live Births:		umber now living	3		<i>3</i> 1			per now de		0	duno
Other Termination	ns: N	umber of spontaneou					Numl	ber of indu	ced termi		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	an six (6	), those m	ost recent.)	ı				
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:		4			preexistin		ditions of the patient that may
Fetus viable?		If viable, medical	rangan for tarm	ination:				N/A			
Yes Yes	No	ii viabie, medicai	reason for term	mation.					one		regnancy Termination Uterine Perforation Cervical Laceration
Pathological examin	nation	If yes, results:							emorrhag fection	e 🗆	Retained Products
performed?	No							_ o	ther (Spec	cify)	
								Did this	terminatio		ncy result in a maternal death?
		1		Tyme	of Termi	nation Proced	urec			~	
Procedure that Term	ninated P	regnancy		1 ype	OI ICHIIII	Additional		e that Tern	ninated Pr	regnancy	
Medical (Nonso	urgical)	Misoprostol				☐ Medica	ıl (Nonsu	rgical) M rgical) M rgical) Ot	isoprosto!	[	
For Medical (Nonsu Check the box indic  The manufactur  The patient sign	eating the rer's instr	e following items we ructions provided to	stion		Check the l	ox indic nufactur	ating the f	ollowing ctions pro	items were c vided to the J	_	
Medical (Surgion Medica	cal) Mei	nstrual Aspiration				☐ Medica	ıl (Surgio	cal) Suction cal) Menst cal) Other	rual Aspi		
		edures, answer the fo	• .			Was the	etus viab				ring question. e at least 20 weeks?
-	the best	answered yes, compoportunity to surviv		ig questic	ons.	Was the fe	-	n the best o	-	es, complete t y to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	uired the p			e pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	0(3)	List the na	ne of the	e second do	octor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>01/2018</b>		Physicia	an estimate	e of gestation	(in week	s)	Post fe	rtilization ago	e of the fetus (in weeks)  6
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?							
Was a waiver of cons		1 1 60				a waiver of n				Yes	■ No
Is the patient seeking			any of the follo	wing?	Abu	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CASANDRA C	_										
Address of physicial 8590 GEORGETO	-	-		city, sta	te, and zip	code)	_	_	_		
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	IN, 46268	City or	town, of pregna	•			County of	pregnancy MAR	termination	
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
32		Yes No		07/28/20 <sup>-</sup>	18					ociate Degr	ee	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	■ Blac		an American		known	Not I	y anic or Latin Hispanic or L		☐ Unknown
Live Births:	N	umber now living	2				Numb	er now o	deceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations <b>0</b>				Numb	er of inc	luced termi	nations <b>1</b>		
Dates of termination  1. UNKNOWN	ns (Do no	ot include this termin	•			ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexistin		nditions of t	the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy	Termination
	110								None		] Uterine	Perforation
Pathological avamir	nation	If yes, results:							Hemorrhag	je 🗆	-	Laceration
Pathological examination performed?	nation	ii yes, resuits:							Infection		Retained	l Products
☐ Yes ■	No								Other (Spec	cify)		
								Did thi			ncy result i	n a maternal death?
1				т	ofT .	notion D	rac		<u> </u>	-		
Procedure that Term	ninated D	regnancy		1 ype	oi iermi	nation Procedur  Additional Pr		that Te	rminated D	regnancy		
Medical (Nons		•							Mifepriston	•		
Medical (Nons		☐ Medical	(Nonsu	rgical) l	Misoprosto Other (Spec	l						
☐ Medical (Nons	urgicar)	Other (Specify)			iviedicai	(INOIISU	igicai) (	Julei (spec	<i>(1)</i>			
E M E 10I	1		C 11			E M E 1	<b>N</b>	15		4 61	1 .	at .
For Medical (Nonsu Check the box indic				estion		For Medical ( Check the bo						suon
		ructions provided to	the patient						_	vided to the	patient	
The patient sign  Medical (Surgi									atient agree ion Curetta			
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration		
Medical (Surgi	ical) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)			
For Medical (Surgio	cal) proce	dures, answer the fo	llowing question	n.		For Medical	(Surgica	al) proce	dures, answ	ver the follow	ving questi	on.
	le or have □ No	e a post fertilization	age at least 20	weeks?			tus viab 'es [		e a post fer	tilization age	e at least 20	) weeks?
_	_	answered yes, comp	lete the followi	ng questio	ns.			_	answered y	es, complete	the follow	ing questions.
		opportunity to surviv	ve?						t opportunit	y to survive?	<b>?</b>	
	□No						Yes L	_				
		determination that procedure to avert of										t woman had a us impairment to
the pregnant woman				· r ··		the pregnan			procedure	to avert dea	tii oi serio	as impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under	IC 16-34-2-3(a)(3)
				T = -					1			
Date last normal me	-	an <b>27/2018</b>		Physicia	an estimat	e of gestation (i	in weeks	s)	Post fe	ertilization ag	ge of the fet	tus (in weeks)
How were the gesta			on age determin	ed?							-	
ULTRASOUND												
Was a waiver of cons	sent obtain	ned?	s • 1	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	g any of the follo	owing?	Abı	ısed		Coerced		Harassed	Tra	fficked
Full name of physic DR. CASANDRA (	-	-										
Address of physicia			mber and stree	t, city, stat	te, and zip	code)						
8590 GEORGETO	-	=		· 								
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A	Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462						ncy terr	nination IS		County of p	pregnancy termination  MARION
Patient's age**	Marrie	ed .	Date of pregn	ancy term	ination	Educa	tion				
32	_	Yes No		07/28/20 <sup>-</sup>	18				Some Co	ollege, No D	Degree
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	■ Not I	/ anic or Latino Hispanic or L	
Live Births:	N	umber now living	1						leceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi	nations 0	
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)					
1	2					4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
F ( 110		TC : 11 1: 1	<u> </u>					N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination
	110							•	None		Uterine Perforation
		70 1							Hemorrhag	e 🗆	Cervical Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products
-	No								Other (Spec	cify)	
											ncy result in a maternal death?
								☐ Ye	s 🔳 N	0	
				Туре	of Termi	nation Procedu	es				
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated Pr	regnancy	
Medical (Nons									Mifepriston		
Medical (Nonsi					Misoprosto Other (Spec						
For Medical (Nonsu	iroical) ni	rocedures answer th	e following and	estion		For Medical (	Nonsur	oical) nr	ncedures a	nswer the foll	lowing question
		e following items we		Stron		Check the bo					
_		uctions provided to	the patient						-	vided to the	patient
The patient sign									atient agree		
■ Medical (Surgi ■ Medical (Surgi		nstrual Aspiration							ion Curetta strual Aspi		
☐ Medical (Surgi	ical) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)		
For Medical (Surgio	cal) proce	edures, answer the fo	llowing question	n.		For Medical (	Surgica	al) proce	dures, answ	er the follow	ving question.
		e a post fertilization					-				e at least 20 weeks?
	■ No		1-4- 4h - F-11i			☐ Y		No		1-4- 4	4h - C-11i
		answered yes, comportunity to surviv		ng questio	ns.	1	•		•	y to survive?	the following questions.
	□No	opposition of the second					es [		. оррогини	y to survive:	
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the ba	sis for	determinat	ion that the	e pregnant woman had a
condition that requ		procedure to avert of	leath or serious	s impairm	ent to	condition th	nat requ	ired the			th or serious impairment to
the pregnant woman	111:					the pregnan	t womai	1.			
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
	maca I	an		Dlave: - '	n ostic	e of gestation (i	n 11	.)	Do-4 C	etilization -	ra of the fature (int-)
Date last normal me	-	an <b>12/2018</b>		rnysicia	ui estimat	e of gestation ( <i>i</i>	n weeks	)	rost ie	iunzauon ag	ge of the fetus (in weeks)
How were the gesta	tional age	e and post fertilization	on age determin	ed?					I		
ULTRASOUND											
Was a waiver of cons	sent obtain	ned?	: • N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No
Is the patient seeking	an aborti	on as a result of being			☐ Abı	ised	☐ C	oerced		Harassed	☐ Trafficked
Full name of physic	_										
DR. CASANDRA C				4 0.4	1 •	aad:\					
Address of physicia 8590 GEORGETO	-	-		ı, city, stat	e, and zip	coae)					
		-,									
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Facility Name and A	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462					town, of pregr	ancy ter			County of p	oregnancy termination MARION
Patient's age** 25	Marrie	d Yes No	Date of pregn	ancy term 07/25/20		Educ	ation	Н	igh Scho	ol Diploma	or GED
Race American India			Asian			an American				anic or Latino	
Live Births:		r Pacific Islander umber now living	☐ White	■ Othe	er			nknown oer now de		Hispanic or La	atino Unknown
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	per of indu	iced termi		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	han six (6	), those m	ost recent.)					
Fetus delivered aliv		If yes, length of ti	me fetus survivo	ed:		4		-	preexistin	-	ditions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				n/a			
☐ Yes ■	No								lone		regnancy Termination  Uterine Perforation  Cervical Laceration
Pathological examir performed?		If yes, results:						Iı	Iemorrhag nfection Other (Spec		Retained Products
								Did this			ncy result in a maternal death?
				Туре	of Termi	nation Proced	ures				
Procedure that Term		•				Additional I				•	
Medical (Nons)     Medical (Nons)     Medical (Nons)	urgical)	Misoprostol				☐ Medica	l (Nonsu	rgical) M	lifepriston lisoprostol ther (Spec	l	
The patient sign  Medical (Surgi	cating the rer's instrued the pa cal) Suc	e following items we ructions provided to tient agreement	estion		Check the b	ox indic nufactur ient sign l (Surgio	ating the er's instru- ned the par- cal) Suction	following	items were covided to the period ment	=	
Medical (Surgi	cal) Oth	er (Specify)							(Specify)		
☐ Yes	le or hav □ No	e a post fertilization	age at least 20 v	weeks?		Was the f	etus viab Yes [	ole or have	a post fer	rtilization age	ring question. e at least 20 weeks?
	the best	answered yes, comp opportunity to survi		ng questic	ons.	Was the fe	-	n the best	-	es, complete t ty to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	aired the p			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nar	ne of the	e second d	octor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>24/2018</b>		Physicia	an estimat	e of gestation	(in week.	s)	Post fe	ertilization age	e of the fetus (in weeks) 7
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?					1		
Was a waiver of cons						a waiver of no				Yes	■ No
Is the patient seeking Full name of physic			any of the follo	wing?	☐ Abı	ised		Coerced	L	Harassed	☐ Trafficked
DR. CASANDRA C	CASHM	AN		• • •	. 1:	7					
Address of physicia 8590 GEORGETO	-	-		, city, stai	te, and zip	coae)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46					City or	town, of pregn	ancy teri		County of p	oregnancy termination  MARION
Patient's age** 20	Marrie [	d ☐ Yes ■ No	Date of pregna	ancy term 07/25/20		Educa	ntion	Som	College, No D	Degree
Race American Indian Native Hawaiian		ka Native r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	☐ Un		icity Iispanic or Latino Iot Hispanic or L	
Live Births:	N	umber now living	0				Numb	per now decease	d <b>0</b>	
Other Termination	ns: N	umber of spontaneou	us terminations 0				Numb	per of induced t	erminations 0	
Dates of termination	ns (Do no	ot include this termin	ation. If more th	an six (6	), those m	ost recent.)				
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:		4		complicate the	-	ditions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				n/a		
☐ Yes ■	No	,						■ None		regnancy Termination  Uterine Perforation  Cervical Laceration
Pathological examin	nation	If yes, results:						☐ Hemor	_	Retained Products
performed?  Yes	No								Specify)	
									nation of pregnar	ncy result in a maternal death?
				Tyne	e of Termi	nation Procedu	ires			
Procedure that Term	ninated P	regnancy		- 1100				e that Terminate	d Pregnancy	
Medical (Nonsi	urgical)	Misoprostol				☐ Medica	(Nonsu	argical) Mifepra argical) Misoprargical) Other (	ostol	
For Medical (Nonsu Check the box indic  The manufactur The patient sign Medical (Surgi Medical (Surgi Medical (Surgi	eating the rer's instr ed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage astrual Aspiration	ere completed	stion		Check the beautiful The man The patitude Medical	ox indicature of signal (Surgication (Surgication))	ating the follow	rettage Aspiration	ompleted
For Medical (Surgic			llowing question	 n.					nswer the follow	ing question.
Was the fetus viable ☐ Yes	le or hav	e a post fertilization	age at least 20 v	veeks?		Was the fe	tus viab Yes [	ole or have a pos	t fertilization age	at least 20 weeks?
If the previous quest Was the fetus given  ☐ Yes	the best	answered yes, comp opportunity to survi		ig questic	ons.	Was the fe	-	n the best oppor	ed yes, complete tunity to survive?	the following questions.
	ired the	determination that procedure to avert of					hat requ	aired the proceed		pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nan	ne of the	e second doctor	present, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	06/	14/2018			an estimat	e of gestation (	in week:	s) Po	st fertilization age	e of the fetus (in weeks) 4
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?						
Was a waiver of cons		10.			Was	a waiver of no			Yes	■ No
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed		Coerced	Harassed	☐ Trafficked
Full name of physic DR. CASANDRA C	-	-								
Address of physicia 8590 GEORGETO	-	-		, city, sta	te, and zip	code)				
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 4620					own, of pro	egnancy DIANAF		tion	County of p	oregnancy termination  MARION
Patient's age** 27	Marrie	ed Yes • No	Date of pregna	ancy term 07/25/20		Ec	lucation	Į.	High Scho	ol Diploma	or GED
Race American India			Asian	■ Blac	k or Afric	an America	ın			anic or Latino	
☐ Native Hawaiiai		er Pacific Islander Tumber now living	White	Othe	er			Unknow umber no	vn Not I	Hispanic or L	atino Unknown
Other Termination	Ne: N	umber of spontaneou	as terminations				N	umber of	f induced termi		
	ns (Do no	ot include this termin	<b>0</b> ation. If more th	an six (6	), those me	ost recent.)				2	
107/09/2016	2	12/17/2015	3			4			5		6
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					at any preexistin mplicate the abo	-	nditions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				n/a	'a		
Yes •	No	ii viuoie, medicui	reason for terms	inution.						cation(s) of P	regnancy Termination
									<ul><li>None</li><li>Hemorrhag</li></ul>	e 🗆	Uterine Perforation Cervical Laceration
Pathological examir performed?	nation	If yes, results:							_		
Yes •	No								Other (Spec	cify)	
											ncy result in a maternal death?
				Туре	e of Termi	nation Proc	edures		<del>-</del>		
Procedure that Term	ninated P	regnancy		J1.				dure that	Terminated Pr	regnancy	
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>									al) Mifepriston		
Medical (Nonsi									d) Other (Spec		
		rocedures, answer the following items we		stion					) procedures, as the following		lowing question
■ The manufactur	er's insti	ructions provided to	•			☐ The	manufac	cturer's ir	nstructions pro	vided to the	=
The patient sign  Medical (Surgi									ne patient agree Suction Curetta		
	cal) Mei	nstrual Aspiration				☐ Med	ical (Su	rgical) N	Menstrual Aspi Other (Specify)	ration	
Wiedical (Surgi	cai) Oiii	ei (specify)				□ Med	icai (Su	igicai) C	outer (specify)		
For Modical (Surgic	nal) progr	edures, answer the fo	llowing question			E M-J	1 (C	:1)	ocedures, answ	4b - 6-11	
, •		e a post fertilization	• .								e at least 20 weeks?
	☐ No tion was	answered yes, comp	lete the followir	g auestic	ons.		☐ Yes vious at	□ No restion w		es, complete t	the following questions.
	the best	opportunity to survi				Was the	e fetus g		best opportunit		• •
		determination that procedure to avert									e pregnant woman had a
the pregnant woman		procedure to avert of	leath of serious	шранш	ent to		on that i		the procedure	to avert deat	th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	)(3)	List the	name of	the seco	ond doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	-	an <b>(02/2018</b>		Physicia	an estimate	e of gestation	on (in w	eeks)	Post fe	ertilization ag	e of the fetus (in weeks)  6
		e and post fertilization	on age determine	ed?							
ULTRASOUND											
Was a waiver of cons Is the patient seeking					Was Abu	a waiver of	f notific			Yes Harassed	■ No  Trafficked
Full name of physic			, , , , , , , , , , , , , , , , , , , ,	<u></u>					_		
DR. CASANDRA C											_
8590 GEORGETO	-	ming termination (nu AD, INDIANAPOL		city, stai	ie, and zip	coae)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	IN, 46268	City or	town, of pregna	•			County of	pregnancy termination  MARION				
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion			•		
29	_	Yes No		07/25/201	18			H		ool Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		known	Not I	y anic or Latin Hispanic or L		
Live Births:	N	umber now living	1				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	us terminations 0				Numb	er of ind	luced termi	nations <b>0</b>		
Dates of termination		t include this termin	,					5.			6.	
Fetus delivered aliv	e?	If yes, length of ti							y preexistin		nditions of the patient that m	nay
								n/a				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	Pregnancy Termination	
l les 🗉	NO								None		Uterine Perforation	
									Hemorrhag	ge 🗆	Cervical Laceration	
Pathological examination performed?	nation	If yes, results:							Infection		Retained Products	
☐ Yes ■	No								Other (Spec	cify)		
											ncy result in a maternal dea	ath?
								☐ Ye	s 🔳 N	0		
				Туре	of Termi	nation Procedur						
Procedure that Term						Additional Pr						
☐ Medical (Nons ☐ Medical (Nons									Mifepriston Misoprosto			
Medical (Nons									Other (Spec			
For Medical (Nonsu				estion		,		_ , 1			lowing question	
Check the box indic	-	e following items we fuctions provided to	_			Check the bo		_	_	items were ovided to the	-	
☐ The manufacture ☐ The patient sign		•	the patient						atient agree		patient	
Medical (Surgi									ion Curetta			
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi er (Specify)			
_	,	1 337				_	` ` `	,	1 337			
For Medical (Surgio		dures, answer the fo e a post fertilization					_				ving question. e at least 20 weeks?	
	No No	e a post retifization	age at least 20	WCCK5!			es [		e a post ici	tillization age	at least 20 weeks:	
If the previous ques				ng questio	ns.	_	-		-	_	the following questions.	
	i the best ☐No	opportunity to survi	ve?				us giver Yes = [		opportunit	ty to survive?	,	
		determination that	the preopent	woman k	nad a				determine	tion that the	e pregnant woman had	9
condition that requ	iired the	procedure to avert				condition th	nat requ	ired the			th or serious impairment t	
the pregnant woman	n?					the pregnan	t woma	n?				
	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	ired under IC 16-34-2-3(a)	(3)
n/a	mas=1	on.		Dl	un acti · ·	o of actor		a )	D- + C	mtilia-ti	on of the fature (in the	
Date last normal me	_	an <b>05/2018</b>		FHYSICI	ııı estimat	e of gestation (i	п wеек:	· <i>)</i>	POSt IC	линzаноп ад	ge of the fetus (in weeks)  10	
How were the gesta	tional ag	e and post fertilization	on age determin	ed?								
ULTRASOUND												
Was a waiver of cons	sent obtain	ned? Yes	s • 1	lo	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No	
Is the patient seeking	an aborti	on as a result of being	g any of the follo	wing?	Abu	ised		Coerced		Harassed	☐ Trafficked	
Full name of physic	-	-					_	_				
Address of physicia			mber and stree	t, citv. stat	e, and 7in	code)						
8590 GEORGETO	-	=		. 9,	, v-p	,						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A PPIN-GEORGETOWN OR (	ddress (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of pregna	•			County of p	oregnancy term MARION	
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
31		Yes No	(	07/24/201	18					ociate Degr	ee	
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	■ Not I	/ anic or Latino Hispanic or L		] Unknown
Live Births:	N	umber now living	2						leceased	0		
Other Terminations	s: N	umber of spontaneou	us terminations <b>0</b>				Numb	er of ind	luced termi	nations <b>0</b>		
Dates of termination		t include this termin	· ·			*		ē				
Fetus delivered alive	?	If yes, length of ti				4			y preexistin	-	ditions of the p	atient that may
7		xo : 11	9 .					N/A				
Fetus viable?  Yes  1	No	If viable, medical	reason for term	iination:				-	Complic	cation(s) of P	regnancy Term	ination
Pathological examina		If yes, results:							None Hemorrhag Infection	_	Uterine Perfo Cervical Lac Retained Pro	eration
performed?	No							_	Other (Spec	cify)	Retained 110	ducts
								Did thi ☐ Ye	s termination		ncy result in a r	maternal death?
				Туре	of Termi	nation Procedu	es					
Procedure that Term	inated P	regnancy				Additional Pr	ocedure	that Te	rminated Pr	regnancy		
☐ Medical (Nonsu☐ Medical (No	ırgical)	Misoprostol				☐ Medical	(Nonsu	rgical) N	Mifepriston Misoprostol Other (Spec	[		
For Medical (Nonsur Check the box indicator The manufacture The patient signs Medical (Surgic Medical (Surgic Medical (Surgic Surgic)		Check the bo The man The patie	x indica ufacture ent sign (Surgic	ating the er's instrued the pa al) Suct	following	items were c vided to the j ment ge		ı 				
Medical (Surgic									er (Specify)			
☐ Yes	e or have	e a post fertilization	age at least 20 v	weeks?		☐ Y	us viab es [	le or hav	re a post fer	tilization age	at least 20 we	
If the previous questing Was the fetus given ☐ Yes ☐				ng questio	IIS.	Was the fett	•	the best		y to survive?	the following o	juestions.
What was the bas condition that requi the pregnant woman	ired the						nat requ	ired the			pregnant we h or serious in	
List the name of the s	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	ed under IC 1	6-34-2-3(a)(3)
Date last normal mer	_	an <b>08/2018</b>		Physicia	n estimat	e of gestation (i	n weeks	i)	Post fe	rtilization ag	e of the fetus (	in weeks)
How were the gestate	ional age	e and post fertilization	on age determin	ed?								
Was a waiver of conse					Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No	
Is the patient seeking a			any of the follo	wing?	☐ Abu	ısed	☐ C	oerced		Harassed	☐ Traffick	ed
Full name of physici DR. CASANDRA C	_											
Address of physician 8590 GEORGETON	n perforn	ning termination (nu		t, city, stat	e, and zip	code)						
**Date Reported	to DCS	, if Patient under	 16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Facility Name and Address PIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462					town, of pregn	ancy ter			County of p	oregnancy termination MARION
Patient's age** 31	Marrie	ed ■ Yes □ No	Date of pregn	ancy term 07/24/20		Educ	ation			elor's Degr	ee
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Blac		an American	☐ Un			7 anic or Latino Hispanic or La	
Live Births:	N	umber now living	2				Numb	per now deceas	sed	0	
Other Termination	s: N	umber of spontaneo	us terminations				Numb	per of induced	termi	nations <b>0</b>	
Dates of termination  1. UNKNOWN	s (Do no	ot include this termin	nation. If more th	han six (6	), those m	ost recent.)	•	5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:				complicate t			nditions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				N/A			
Yes I	No	in vincio, incuiton	101 0011					Co  None	-	cation(s) of Pr	regnancy Termination Uterine Perforation
Pathological examin	ation	If yes, results:							orrhag	_	Cervical Laceration Retained Products
performed?								☐ Infect		cify)	Retained Products
									ninatio		ncy result in a maternal death?
				Т.	CT.			L Tes			
Procedure that Term	inated P	regnancv		1 ype	oi Termi	Additional I		e that Termina	ıted Pr	egnancv	
Medical (Nonsu	ırgical)	Mifepristone				☐ Medica	l (Nonsu	ırgical) Mifep	riston	e	
Medical (Nonsu								rgical) Misor rgical) Other			
	ating the er's instr	e following items we ructions provided to	ere completed	estion		Check the b	ox indic	rgical) procedu ating the follo er's instruction	wing	items were c	=
The patient signed								ned the patient			
Medical (Surgio	cal) Mer	nstrual Aspiration				☐ Medica	l (Surgic	cal) Suction C cal) Menstrual cal) Other (Spa	l Aspi		
	e or hav	edures, answer the for	- 1			Was the f	etus viab				ring question.
Yes [ If the previous quest	☐ No ion was	answered yes, comp	lete the following	ng questic	ons.	_	_	☐ No ion was answe	ered ye	es, complete t	the following questions.
Was the fetus given ☐ Yes ☐		opportunity to survi	ve?				tus giver Yes [	n the best oppo	ortunit	y to survive?	
What was the bas condition that requ the pregnant woman	ired the						that requ	aired the proce			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nar	ne of the	e second docto	or pres	ent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal men	_	an <b>04/2018</b>		Physicia	an estimat	e of gestation <b>7</b>	(in week.	s) F	ost fe	rtilization age	e of the fetus (in weeks)  5
How were the gestat ULTRASOUND	ional ag	e and post fertilization	on age determin	ed?				1			
Was a waiver of conse						a waiver of no				Yes	No
Is the patient seeking a			g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physici DR. CASANDRA C	_	-									
Address of physician 8590 GEORGETON	-	-		, city, sta	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day.	year):							

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Facility Name and A PPIN-GEORGETOWN OR	IN, 46268	City or	town, of pregn	ancy teri			County of p	oregnancy termination MARION			
Patient's age** 22	Marrie	ed Yes No	Date of pregn	ancy term 07/25/20		Educ	ation	So	me Co	ollege, No C	Degree
Race American Indiar Native Hawaiiar	or Othe	er Pacific Islander	Asian White	☐ Blac		an American		ıknown	Not I	nnic or Latino Hispanic or L	
Live Births:	N	umber now living	0					per now dece		0	
Other Termination	s: N	umber of spontaneo	us terminations <b>0</b>				Numb	per of induced	d termi	nations <b>0</b>	
Dates of termination	is (Do no	ot include this termin		han six (6	), those m	ost recent.)					
Fetus delivered alive		If yes, length of ti	ime fetus surviv	ed:		4		complicate		-	nditions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				n/a			
☐ Yes ■	No							■ Non	e		regnancy Termination  Uterine Perforation  Cervical Laceration
Pathological examin	ation	If yes, results:							orrhag ction	e ⊔ □	Retained Products
performed?	No								er (Spec	_	
								Did this ter ☐ Yes	minatio		ncy result in a maternal death?
				Tvne	e of Termi	nation Procedu	ires	-			
Procedure that Term	ninated P	regnancy		717				e that Termin	ated Pr	egnancy	
Medical (Nonsum Medical (Nonsu	urgical)	Misoprostol				☐ Medica	(Nonsu	orgical) Mife orgical) Miso orgical) Othe	prostol		
For Medical (Nonsu Check the box indic  The manufactur  The patient sign  Medical (Surgion	eating the rer's instr ed the pa cal) Suc cal) Mer	e following items we ructions provided to tient agreement tion Curettage nstrual Aspiration	estion		Check the b  The man  The pati  Medica  Medica	ox indic nufacture ent sign (Surgical (Surgical)	ating the foll er's instructioned the patien cal) Suction (cal) Menstrua	owing ons pro at agree Curetta al Aspi	items were c vided to the ment ge	=	
☐ Medical (Surgio							, -	cal) Other (Sp			
☐ Yes [	le or hav	e a post fertilization	age at least 20 v	weeks?		Was the fe	etus viab Yes [	ole or have a p	post fer	tilization age	ring question. e at least 20 weeks?
If the previous quest Was the fetus given  ☐ Yes [	the best	answered yes, comp opportunity to survi		ng questic	ons.	Was the fe	-	n the best opp	-	_	the following questions.
	ired the	determination that procedure to avert					that requ	aired the prod			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	iired under IC 16	5-34-2-3(a)	)(3)	List the nan	ne of the	e second doct	or pres	ent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	05/	31/2018			an estimat	e of gestation (	in week	s)	Post fe	rtilization ag	e of the fetus (in weeks)  5
How were the gestat	tional age	e and post fertilization	on age determin	ed?							
Was a waiver of cons						a waiver of no				Yes	■ No
Is the patient seeking			g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	Trafficked
Full name of physics DR. CASANDRA C	-	-									
Address of physician 8590 GEORGETO	-	-		t, city, sta	te, and zip	code)					
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):							

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Facility Name and A	IN, 46268	City or	town, of pregna	•			County of		acy termination			
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion					
30	_	Yes No		0 <b>7/28/20</b> 1			_		Some Co	ollege, No	Degree	
Race American Indian Native Hawaiian		ka Native r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	☐ Un	known		y anic or Latin Hispanic or l		Unknown
Live Births:	N	umber now living	0				Numb	er now o	leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6,	), those m	ost recent.)						
1	2	·	3			4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo		onditions	of the patient that may
								N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of l	Pregnanc	cy Termination
	110							•	None		Uteri	ne Perforation
D. 1. 1. 1. 1. 1.		, , , , , , , , , , , , , , , , , , ,							Hemorrhag	ge 🗆	Cervi	ical Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retai	ned Products
☐ Yes ■	No								Other (Spec	cify)		
											ıncy resu	alt in a maternal death?
		1						☐ Ye	s 🔳 N	0		
				Type	of Termi	nation Procedur						
Procedure that Term						Additional Pr						
☐ Medical (Nonsi								Mifepriston Misoprosto				
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) (	Other (Spec	cify)		
For Medical (Nonsu				estion		For Medical (	` '	_ , 1			_	1
Check the box indic	-	uctions provided to	-			Check the bo		_	_	ovided to the	_	ed
☐ The patient sign									atient agree			
Medical (Surgi		tion Curettage estrual Aspiration							ion Curetta strual Aspi			
Medical (Surgi									struai Aspi er ( <i>Specify</i> )			
For Medical (Surgio	nal) proge	duras answer the fo	llowing questio	un.		E M-di1	(C:	.D	J	4h - £-11		
· -		e a post fertilization				For Medical ( Was the fe				rtilization ag		
Yes	■ No	-				☐ Y	es [	No		_		
If the previous ques		answered yes, comp opportunity to survi		ng questio	ns.	_	-		-	-		owing questions.
	□ No	opportunity to survi					us given Yes [		ı opportunit	ty to survive	1	
What was the ba	sis for	determination that	the pregnant	woman l	nad a	What was	the ha	sis for	determinat	tion that th	ne pregn	nant woman had a
	iired the	procedure to avert of				condition tl	hat requ	ired the				erious impairment to
ine pregnant would						the pregnan	ı womai	11.5				
List the name of the <b>N/A</b>	second d	octor present, as requ	ired under IC 16	o-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requ	ired und	ler IC 16-34-2-3(a)(3)
Date last normal me	enses heg	an		Physicia	ın estimat	e of gestation (i	in weeks	5)	Post fe	ertilization a	ge of the	e fetus (in weeks)
	_	20/2018				9					7	
How were the gesta	tional ag	e and post fertilization	on age determin	ed?					•			
ULTRASOUND												
Was a waiver of cons						a waiver of not			ed?	Yes	■ N	
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed	☐ C	oerced		Harassed		Trafficked
Full name of physic DR. CASANDRA C	-	-					_					
Address of physicia			mber and stree	t, city, stat	e, and zip	code)						
8590 GEORGETO	-	=										
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna				County of p	pregnancy termination MARION
Patient's age**	Marrie	:d	Date of pregn	ancy term	ination	Educa	tion				
23		Yes No	(	07/28/201	18				,	ollege, No D	)egree
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ White	■ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	0				Numb	er now o	leceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi	nations 0	
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6,	), those m	ost recent.)					
1	2	1				4		5			6
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					y preexistin cate the abo	-	nditions of the patient that may
T			0 .					N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:					Compli	cation(s) of P	regnancy Termination
	110							•	None		Uterine Perforation
D 4 1 1 1 1 1		TC I							Hemorrhag	ge 🔲	Cervical Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products
-	No								Other (Spec	cify)	
								Did thi	s terminati		ncy result in a maternal death?
								☐ Ye	s 🔳 N	0	
				Туре	of Termi	nation Procedu	res				
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated Pr	regnancy	
Medical (Nons									Mifepriston		
Medical (Nonsi									Misoprosto Other (Spec		
For Medical (Nonsu	ırgical) nı	rocedures, answer the	e following and	estion		For Medical (	Nonsur	gical) pr	ocedures a	nswer the foll	lowing question
		e following items we		,500		Check the bo	x indica	ating the	following	items were c	completed
		ructions provided to	the patient						-	vided to the	patient
The patient sign  Medical (Surgi									atient agree ion Curetta		
Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration	
☐ Medical (Surgi	ical) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)		
For Medical (Surgio	cal) proce	edures, answer the fo	llowing questic	on.		For Medical (	Surgica	ıl) proce	dures, answ	ver the follow	
		e a post fertilization	age at least 20	weeks?			us viab	le or hav			e at least 20 weeks?
	■ No	answered yes, compl	lata tha fallawi	na augstio	na	If the prayion		] No	neward w	os aomnloto t	the following questions.
		opportunity to surviv		ng quesno	115.	1	•		•	ty to survive?	• •
	□No						res [		оррогии	., to sui 1110.	
What was the ba	sis for	determination that	the pregnant	woman h	nad a	What was	the ba	sis for	determinat	tion that the	e pregnant woman had a
the pregnant woman		procedure to avert of	leath or serious	s impairme	ent to	condition th	nat requ	ired the			th or serious impairment to
prognant woman						the pregnan	womai	1!			
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	mees ba-	an		Dhyraia	n actimet	e of gestation (i	n wast-	-)	Dogt f.	artilization a=	ge of the fetus (in weeks)
Date last normal me	-	an <b>29/2018</b>		1 mysicia	ui CStillidl	e of gestation ( <i>i</i>	п wеекs	· <i>)</i>	rost le	aunzauon ag	7
How were the gesta	tional age	e and post fertilization	on age determin	ed?							
ULTRASOUND											
Was a waiver of cons	sent obtain	ned? Yes	: I	No	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abu	ısed	□ C	oerced		Harassed	☐ Trafficked
Full name of physic	-	-									
DR. CASANDRA C			mbor as I	t aits etc	a an I -:	code)					
8590 GEORGETO	-	ning termination (number   AD, INDIANAPOL		ı, city, stat	е, ипа zīp	coue)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address	590 GEORGETOWN ROA	·			town, of pregna	ncy ter	mination	· · · · · · · · · · · · · · · · · · ·	County of p	-	y termination RION
Patient's age**	Marrie	d	Date of pregn	ancy term	nination	Educa	tion					
Race		Yes No	(	07/28/20 <sup>-</sup>	18			T	Bach	elor's Degr	ee	
American India	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American		ıknown	☐ Hispa ■ Not I	anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	1				Numl	ber now de	eceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numl	ber of indu	iced termi	nations <b>1</b>		
Dates of termination  1. 01/05/2015	ns ( <i>Do no</i>	ot include this termin	nation. If more to	han six (6	), those m	ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	ime fetus surviv	ed:					preexistin ate the abo		nditions o	f the patient that may
7		xa : 11	0 .					N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Complia	cation(s) of P	regnancy	/ Termination
								_	lone	_		e Perforation
Pathological examin	nation	If yes, results:							lemorrhag	_		al Laceration
performed?		3 /							nfection Other (Spec	∵ifv)	Retain	ed Products
☐ Yes ■	No								ther (spec	-937		
								Did this Yes			ncy resul	t in a maternal death?
				Type	of Termi	nation Procedu	res	•				
Procedure that Term	ninated P	regnancy		-71-		Additional Pr		e that Terr	ninated Pi	regnancy		
Medical (Nons								ırgical) M				
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>								rgical) M rgical) O				
For Medical (Nonsu	ırgical) pı	rocedures, answer th	ne following que	estion		For Medical (	Nonsui	rgical) prod	cedures, a	nswer the foll	owing q	uestion
Check the box indic		_	_			Check the bo		-	_	items were c vided to the	-	d
The manufacture.  The patient sign		ructions provided to tient agreement	the patient					ned the pat	_		patient	
Medical (Surgi						☐ Medical						
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)				Medical Medical	(Surgic	cal) Mensical) Other	trual Aspi (Specify)	ration		
For Medical (Surgio	ral) proce	dures answer the fo	ollowing questic			For Medical	Surgio	al) proced	urac ancu	er the follow	ing gues	
· -		e a post fertilization								tilization age		
Yes If the previous ques	_	answarad vas comn	lete the followi	na auestia	ne.		es [		sesserad se	e complete t	the follow	wing questions.
		opportunity to survi		ng questio	M15.	-	•		•	y to survive?		wing questions.
∏Yes	□No						Yes [		11	-		
condition that requ	aired the	determination that procedure to avert										ant woman had a ious impairment to
the pregnant woman	n?					the pregnan						
List the name of the	second d	octor present, as requ	iired under IC 16	5-34-2-3(a)	0(3)	List the nam	e of the	e second d	octor pres	ent, as requir	red unde	r IC 16-34-2-3(a)(3)
Date last normal me	_			Physicia	an estimat	e of gestation (i	n week	s)	Post fe	rtilization ag		fetus (in weeks)
How were the gesta		16/2018 e and post fertilization	on age determin	ed?		6					4	
ULTRASOUND	aronar ag	o una post rerument	on age accomm									
Was a waiver of cons					Was	a waiver of not	ificatio	n obtained	d?	☐ Yes	■ No	)
Is the patient seeking			g any of the follo	wing?	☐ Abı	ised		Coerced		Harassed	ПТ	rafficked
Full name of physic DR. CASANDRA (	-	-										
Address of physicia			ımber and stree	t, city, star	te, and zip	code)						
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS, I	N, 46268	City or t	town, of p	_	cy term			County of J	pregnancy termination MARION
Patient's age**  26  Yes No  No  O7/28/2018  Black or African American  Education  Master's Degree  Ethnicity  Hispanic or Lating												
☐ American India			Asian	Blac	k or Afric	an Americ				☐ Hispa	anic or Latino	
☐ Native Hawaiiai		umber now living	White	Othe	er			Unk Numbe		Not I leceased	Hispanic or L	atino Unknown
Other Termination	ns: N	umber of spontaneou	us terminations					Numbe	er of ind	uced termi	nations 0	
Dates of termination	ns (Do no	ot include this termin	ation. If more th	an six (6	), those me	ost recent.	.)					
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:		4				y preexistin	-	nditions of the patient that may
									N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:						Complic	cation(s) of P	Pregnancy Termination
										None Hemorrhag	□ e □	Uterine Perforation Cervical Laceration
Pathological examir performed?		If yes, results:								Infection Other (Spec		Retained Products
									Did thi ☐ Ye			ncy result in a maternal death?
				Туре	e of Termi	nation Pro	cedure	es				
Procedure that Term	ninated P	regnancy		Additional Procedure that Terminated Pregnancy								
■ Medical (Nonsurgical) Mifepristone       □ Medical (Nonsurgical) Mifepristone         ■ Medical (Nonsurgical) Misoprostol       □ Medical (Nonsurgical) Misoprostol         □ Medical (Nonsurgical) Other (Specify)       □ Medical (Nonsurgical) Other (Specify)												
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)										completed		
	le or hav	edures, answer the fo	• 1				he fetu	ıs viabl	e or hav			ving question. e at least 20 weeks?
If the previous ques	the best	answered yes, comp opportunity to survi-		g questio	ons.		ne fetus	questic	the best	•	es, complete y to survive?	the following questions.
	ired the	determination that procedure to avert of				condit	ion tha		ired the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	0(3)	List the	e name	of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>26/2018</b>		Physicia	an estimate	e of gestat	tion (in	weeks,	)	Post fe	rtilization ag	ge of the fetus (in weeks)  5
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determine	ed?						1		
Was a waiver of cons						a waiver	of noti				Yes	■ No
Is the patient seeking Full name of physic			g any of the follo	wing?	☐ Abu	ised		☐ Co	oerced		Harassed	☐ Trafficked
DR. CASANDRA C	CASHMA	AN										
Address of physicia 8590 GEORGETO	-	-		city, stai	te, and zip	code)						
**Date Reported	to DCS	, if Patient under 1	16 (month, day,	year):								

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Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of J	pregnancy termina	tion	
Patient's age**	Marrie	-d	Date of pregn	ancy term	ination	Educa	tion						
19	_	Yes No		07/28/20 <sup>-</sup>						ool Diploma	or GED		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known	Not I	y anic or Latin Hispanic or L		nknown	
Live Births:	N	umber now living	0				Numb	er now o	deceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	nations <b>0</b>			
Dates of termination	,	ot include this termin		, ,		,							
1						4		5			oditions of the patie		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	ed:					cate the abo		iditions of the patie	nt that may	
								N/A					
Fetus viable?		If viable, medical	reason for term	ination:					C 1	() CD	т.	•	
☐ Yes ■	No								Complic None		regnancy Termina Uterine Perforat		
									Hemorrhag		~		
Pathological examing performed?	nation	If yes, results:							Infection		Retained Produc	ts:	
Yes •	No								Other (Spec	cify)			
											ncy result in a mate	ernal death?	
		<u> </u>			a-			☐ Ye	es 🔳 N	U			
Dragod 41 . 4 T	ninet-15	ragnon s		Туре	of Termi	nation Procedu		. +h -+ T	main -4: 1 P	roan c			
Procedure that Term  Medical (Nons						Additional Pr			rminated Pi Mifepriston	•			
Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) l	Misoprosto	l			
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)													
For Medical (Nonsu	For Medical (Nonsurgical) procedures, answer the following question  For Medical (Nonsurgical) procedures, answer the following question												
Check the box indic				Stion		Check the bo							
The manufacture The patient sign		ructions provided to	the patient						uctions pro atient agree	ovided to the	patient		
☐ Medical (Surgi									ion Curetta				
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi er (Specify)				
	icur) our	or (speedy)				Micalcar	(Surgic	ui) ouic	л (Бресцу)				
	1)	1 0											
For Medical (Surgion Was the fetus viab		edures, answer the to e a post fertilization				For Medical ( Was the fet					ring question.  e at least 20 weeks	?	
☐ Yes	☐ No	-				□ Y	es [	No					
		answered yes, comp opportunity to surviv		ng questio	ons.	_	-		-	es, complete ty to survive?	the following ques	tions.	
	□No						Yes [		оррогия	., 10 541 11 0.			
		determination that									e pregnant woma		
the pregnant woman		procedure to avert of	death or serious	s impairm	ent to	condition the			procedure	to avert dear	th or serious impa	irment to	
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34	4-2-3(a)(3)	
Date last normal me	_	an KNOWN		Physicia	an estimat	e of gestation (i	in weeks	5)	Post fe	ertilization ag	e of the fetus (in w	eeks)	
How were the gesta			on age determin	led?		0					<u> </u>		
ULTRASOUND		-											
Was a waiver of cons	sent obtain	ned?	s • N	No	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	any of the follo	owing?	Abı	ısed		oerced		Harassed	☐ Trafficked		
Full name of physic DR. CASANDRA (	-	-											
Address of physicia			mber and stree	t, city, stat	te, and zip	code)							
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268										
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_			

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Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or t	town, of preg	nancy ter			County of p	oregnancy termination MARION	
Patient's age** 29	Marrie	ed ☐ Yes ■ No	Date of pregna	ancy term 07/28/20		Edu	cation		Some Co	ollege, No D	egree	
Race American Indian Native Hawaiian		ka Native er Pacific Islander	☐ Asian ☐ White	■ Blac		an American		ıknown		y anic or Latino Hispanic or La		
Live Births:		umber now living	1		<i>3</i> 1			ber now d		0	Unio Chikhowh	
Other Termination	ns:	umber of spontaneou	is terminations				Numl	ber of indi	uced termi			
Dates of termination		ot include this termin		an six (6	), those m	ost recent.)						
Fetus delivered alive	e?	If yes, length of ti	me fetus survivo	ed:		4			preexisting preexi		ditions of the patient that may	
Fetus viable?		If viable, medical	reason for term	ination:				N/A				
Yes Yable:	No	ii viable, incurcar	reason for term	mation.					None		regnancy Termination Uterine Perforation	
Pathological examin	nation	If yes, results:							Hemorrhag nfection	e 🗆	Cervical Laceration Retained Products	
performed?	No								Other (Spec	cify)		
								Did this			cy result in a maternal death?	
				Tvne	of Termi	nation Proced	ures	, ~				
Procedure that Term	ninated P	regnancy		- 717	Additional		e that Ter	minated Pr	regnancy			
■ Medical (Nonsurgical) Mifepristone       □ Medical (Nonsurgical) Mifepristone         ■ Medical (Nonsurgical) Misoprostol       □ Medical (Nonsurgical) Misoprostol         □ Medical (Nonsurgical) Other (Specify)       □ Medical (Nonsurgical) Other (Specify)												
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement												
Medical (Surgi	cal) Mei	nstrual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
		edures, answer the fo	• .			Was the	etus viab			ver the follow rtilization age	ing question. at least 20 weeks?	
-	the best	answered yes, comp opportunity to survi		ng questic	ons.	Was the f	-	n the best	-	es, complete t ty to survive?	he following questions.	
	ired the	determination that procedure to avert of					that requ	uired the			pregnant woman had a h or serious impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	0(3)	List the na	me of the	e second o	loctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)	
Date last normal me	_	an <b>06/2018</b>		Physicia	an estimat	e of gestation <b>7</b>	(in week	rs)	Post fe	ertilization age	e of the fetus (in weeks)  5	
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?					•			
Was a waiver of cons						a waiver of n				Yes	■ No	
Is the patient seeking Full name of physic			any of the follo	wing?	☐ Abu	ised		Coerced	L	Harassed	Trafficked	
DR. CASANDRA C	CASHM	AN										
Address of physicia 8590 GEORGETO	-	-		, city, stai	te, and zip	code)						
**Date Reported	to DCS	, if Patient under	6 (month, dav.	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna				County of p	pregnancy termination  MARION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion				
32	_	Yes No	(	07/28/201	18			ŀ		ool Diploma	or GED
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Blac		an American	_	known	Not 1	y anic or Latino Hispanic or La	
Live Births:	N	umber now living	2				Numb	er now o	leceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of inc	luced termi	nations 0	
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6,	), those m	ost recent.)					
1	2	·				4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexisting cate the about	-	nditions of the patient that may
E 4		TC : 11	C					N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination
									None		Uterine Perforation
D.d. I		TC I							Hemorrhag	ge 🔲	Cervical Laceration
Pathological examin performed?	nation	If yes, results:							Infection		Retained Products
☐ Yes ■	No								Other (Spe	cify)	
											ncy result in a maternal death?
								☐ Ye	s 🔳 N	0	
				Туре	of Termi	nation Procedu	res				
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated P	regnancy	
Medical (Nonsi									Mifepriston		
Medical (Nonsi									Misoprosto Other ( <i>Spec</i>		
·											
For Medical (Nonsu	roical) n	rocedures answer th	e following and	estion		For Medical (	Nonsur	oical) nr	ocedures a	nswer the foll	lowing question
Check the box indic				Stion		Check the bo					
		uctions provided to	the patient						-	ovided to the j	patient
The patient sign  Medical (Surgi									atient agree ion Curetta		
		nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi	ration	
☐ Medical (Surgi	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)		
For Medical (Surgic	cal) proce	dures, answer the fo	llowing question	n.		For Medical (	Surgica	al) proce	dures ansv	ver the follow	ving question
, ,		e a post fertilization	• .								e at least 20 weeks?
	□ No	,				☐ Y		No		1	4 6 11
If the previous quest		opportunity to surviv		ng questio	ns.	_	-		-	es, complete t ty to survive?	the following questions.
	□ No	opportunity to survi					res [		оррогинн	ty to survive?	
What was the ba	sis for	determination that	the pregnant	woman h	nad a	What was	the ha	sis for	determina	tion that the	e pregnant woman had a
condition that requ	ired the	procedure to avert of				condition th	nat requ	ired the			th or serious impairment to
the pregnant woman	n?					the pregnan	t womai	1?			
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requir	red under IC 16-34-2-3(a)(3)
				l n:		<u> </u>			T =		0.1 0 ::
Date last normal me	-	an <b>03/2018</b>		Physicia	ın estimat	e of gestation (i	n weeks	i)	Post fe	ertilization age	e of the fetus (in weeks)
How were the gestar			on age determin	ed?							•
ULTRASOUND		•									
Was a waiver of cons	sent obtain	ned?	; • N	lo	Was	a waiver of not	ificatio	n obtain	ed?	☐ Yes	■ No
Is the patient seeking					Abı			oerced		Harassed	☐ Trafficked
Full name of physic	ian perfo	rming termination									
DR. CASANDRA C	CASHMA	AN									
Address of physician	-	-		t, city, stat	e, and zip	code)					
8590 GEORGETO	VVIN KU	אט, וואטואואPUL	IS, IN 40208								
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Facility Name and A	Address (PPGI) - 85	590 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of 1		termination RION	
Patient's age**	Mamia		Date of pregn	ancy term	ination	Educa	tion			<u> </u>			
23	Marrie [	ed ☐ Yes ■ No		07/28/20		Zauca		H	ligh Scho	ool Diploma	or GED		
Race American India Native Hawaiiai	n or Othe	er Pacific Islander	☐ Asian ■ White	☐ Blac		an American	☐ Unl		Not 1	y anic or Latino Hispanic or L		☐ Unknown	
Live Births:	N	umber now living	0				Numb	er now o	deceased	0			
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	er of inc	luced termi	inations <b>5</b>			
Dates of termination		ot include this termin	ation. If more to			ost recent.) 4. UNKNOWN	1	5	UNKNOW		6		
Fetus delivered aliv		If yes, length of ti	me fetus surviv	red:					y preexisting cate the abo		nditions of	the patient that may	
								N/A					
Fetus viable?		If viable, medical	reason for term	ination:					C 1:	( ) CD			
☐ Yes ■	No								Compli- None	cation(s) of P		Perforation	
								_	Hemorrhag			al Laceration	
Pathological examir performed?	nation	If yes, results:							Infection		Retaine	ed Products	
Yes •	No								Other (Spe	cify)			
											ncy result	in a maternal death?	
		<u> </u>						☐ Ye					
				Туре	of Termi	nation Procedur	res						
Procedure that Term						Additional Pr							
<ul><li>Medical (Nons</li><li>Medical (Nons</li></ul>									Mifepristor Misoprosto				
Medical (Nons													
	☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)												
		rocedures, answer th		estion		For Medical (	` •	_ , 1			<b>U</b> 1		
	-	e following items we ructions provided to	-			Check the bo		_	_	items were ovided to the	-		
The patient sign			the patient						atient agree				
Medical (Surgi									ion Curetta				
Medical (Surgi		nstrual Aspiration er (Specify)							strual Aspi er ( <i>Specify</i> )				
For Modical (Surgic	201) proce	edures, answer the fo	llowing question			For Medical	(C:	1)	1	41 F-11	·		
		e a post fertilization								rtilization age			
☐ Yes	☐ No					□ Y	es [	No	_				
		answered yes, comp opportunity to surviv		ng questio	ns.	_	-		-	es, complete ty to survive?		ving questions.	
	□No	opportunity to survi					Yes [		оррогии	ty to survive?			
		determination that				What was	the bas	sis for	determina	tion that the	e pregnai	nt woman had a	
the pregnant woman		procedure to avert of	death or serious	s impairm	ent to		hat requ	ired the				ous impairment to	
F8mm Woman	-					and program	i wonial	• •					
T				. 24 2 2	(2)	***		-	1		, .	10.16.04.0.00	
List the name of the	second d	octor present, as requ	irea under IC 16	54-2-3(a)	(3)	List the nam	e of the	second	doctor pre	sent, as requi	rea under	IC 16-34-2-3(a)(3)	
Date last normal me	enses beg	an		Physicia	an estimat	e of gestation (i	in weeks	)	Post fe	ertilization ag	e of the fe	etus (in weeks)	
		01/2018		10		6					4		
How were the gesta ULTRASOUND	itional ag	e and post fertilization	on age determin	ed?									
Was a waiver of cons	sent obtair	ned?	s • N	T_	Was	a waiver of not	tification	a obtain	ad?	☐ Yes	■ No		
Is the patient seeking		1 10				used		oerced	Г	Harassed		afficked	
Full name of physic			-										
DR. CASANDRA C	CASHMA	AN											
Address of physicia 8590 GEORGETO	-	ning termination (nu		t, city, stat	te, and zip	code)					_		
3000 GEORGETO		, INDIANAFUL	.5, 114 +0200										
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

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Patient's age**	
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  Number now living  Other Terminations:  Dates of terminations (Do not include this termination. If more than six (6), those most recent.)	
American Indian or Alaska Native Asian Native Asian Native Hawaiian or Other Pacific Islander White Other Other Number now living Number now living Other Terminations: Number of spontaneous terminations Other Terminations (Do not include this termination. If more than six (6), those most recent.)	
Other Terminations:  Other Terminations:  Outher Terminations:  Number of spontaneous terminations  Outher Terminations:  Number of induced terminations  1  Dates of terminations (Do not include this termination. If more than six (6), those most recent.)	wn
Dates of terminations (Do not include this termination. If more than six (6), those most recent.)	
04/00/0040	
1. <b>01/20/2018</b>	
Fetus delivered alive?  Yes No  If yes, length of time fetus survived:  List any preexisting medical conditions of the patient the complicate the abortion	at may
N/A	
Fetus viable? If viable, medical reason for termination:	
None Uterine Perforation	
☐ Hemorrhage ☐ Cervical Laceration	
Pathological examination performed?	
☐ Yes ■ No ☐ Other (Specify)	
Did this termination of pregnancy result in a materna	death?
☐ Yes ■ No	
Type of Termination Procedures	
Procedure that Terminated Pregnancy  Additional Procedure that Terminated Pregnancy	
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone	
☐ Medical (Nonsurgical) Misoprostol       ☐ Medical (Nonsurgical) Misoprostol         ☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)	
For Medical (Nonsurgical) procedures, answer the following question  For Medical (Nonsurgical) procedures, answer the following question	
Check the box indicating the following items were completed  Check the box indicating the following items were completed	
The manufacturer's instructions provided to the patient  The manufacturer's instructions provided to the patient  The patient of the patient	
☐ The patient signed the patient agreement ☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage	
Medical (Surgical) Menstrual Aspiration	
☐ Medical (Surgical) Other (Specify) ☐ Medical (Surgical) Other (Specify)	
For Medical (Surgical) procedures, answer the following question.  For Medical (Surgical) procedures, answer the following question.	
Was the fetus viable or have a post fertilization age at least 20 weeks?  Was the fetus viable or have a post fertilization age at least 20 weeks?	
☐ Yes ■ No If the previous question was answered yes, complete the following questions.  ☐ Yes ☐ No If the previous question was answered yes, complete the following questions.	:
Was the fetus given the best opportunity to survive?  Was the fetus given the best opportunity to survive?	
☐ Yes ☐ No ☐ Yes ☐ No	
What was the basis for determination that the pregnant woman had a What was the basis for determination that the pregnant woman had a	
condition that required the procedure to avert death or serious impairment to the pregnant woman?  condition that required the procedure to avert death or serious impairment to the pregnant woman?	nt to
List the name of the second dector present as we will declar present as well as	2(a)(2)
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  N/A  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)	i(a)(3)
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in week	)
05/13/2018 9 7	
How were the gestational age and post fertilization age determined?	
ULTRASOUND	
Was a waiver of consent obtained? ☐ Yes ■ No Was a waiver of notification obtained? ☐ Yes ■ No	
Is the patient seeking an abortion as a result of being any of the following?	
Full name of physician performing termination  DR. CASANDRA CASHMAN	
Address of physician performing termination (number and street, city, state, and zip code)	
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregn	ancy ten			County of p	oregnancy termination MARION
Race Ethnicity										elor's Degr	ee
American India	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Blac ■ Othe		an American		known	☐ Hispa ■ Not I	nnic or Latino Hispanic or La	
Live Births:	N	umber now living	2				Numb	er now dece	eased	0	
Other Termination	ns: N	umber of spontaneou	us terminations				Numb	per of induce	ed termi	nations <b>0</b>	
Dates of termination	ns (Do no	t include this termin	ation. If more th	han six (6	), those m	ost recent.)	1				
Fetus delivered aliv		If yes, length of ti	me fetus survivo	ed:		4		complicate			ditions of the patient that may
Fetus viable?		If viable, medical	reason for term	ination:				N/A			
Yes Yes	No	ii viable, inculcar	reason for term	mation.				■ Nor	•		regnancy Termination Uterine Perforation Cervical Laceration
Pathological examir performed?	nation	If yes, results:							ection		Retained Products
Yes •	No							☐ Oth	er (Spec	rify)	
											ncy result in a maternal death?
								Yes	■ No	0	
Dronodowa that To	ninetal D	roananav		Туре	of Termi	nation Procedi		a that Tarre	noted D	roanan av	
Procedure that Term  Medical (Nons)				Additional F		e tnat Termii irgical) Mife		•			
Medical (Nons	urgical)	Misoprostol	rgical) Miso	oprostol							
☐ Medical (Nonsurgical) Other (Specify)       ☐ Medical (Nonsurgical) Other (Specify)         For Medical (Nonsurgical) procedures, answer the following question       For Medical (Nonsurgical) procedures, answer the following question         Check the box indicating the following items were completed       Check the box indicating the following items were completed         ☐ The manufacturer's instructions provided to the patient       ☐ The manufacturer's instructions provided to the patient         ☐ The patient signed the patient agreement       ☐ The patient agreement											
Medical (Surgi   Medical (Surgi   Medical (Surgi	cal) Mer	strual Aspiration									
		dures, answer the fo				Was the f	etus viab				ring question. at least 20 weeks?
	the best	answered yes, compoportunity to surviv		ng questic	ons.	Was the fe	-	n the best op	-	es, complete t y to survive?	the following questions.
	ired the	determination that procedure to avert of					that requ	ired the pro			e pregnant woman had a h or serious impairment to
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	0(3)	List the nar	ne of the	e second doc	tor pres	ent, as requir	red under IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>07/2018</b>		Physicia	an estimat	e of gestation	in week:	s)	Post fe	rtilization age	e of the fetus (in weeks)  5
How were the gesta ULTRASOUND	tional ag	e and post fertilization	on age determin	ed?							
Was a waiver of cons					Was	a waiver of no				Yes	■ No
Is the patient seeking			any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked
Full name of physic DR. CASANDRA C	-	-									
Address of physicia 8590 GEORGETO	-	-		, city, sta	te, and zip	code)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address	590 GEORGETOWN ROA	•			town, of pregna	ncy teri	mination		County of	-	cy termination
Patient's age**	Marrie		Date of pregn	•		Educa	tion					
Race		Yes ■ No	(	07/28/20 <sup>-</sup>	18				Some Co Ethnicity	ollege, No	Degree	
American Indian Native Hawaiian	n or Othe	ka Native or Pacific Islander umber now living	Asian White	☐ Blac		an American		known ber now d	☐ Hispa ■ Not I	anic or Latin Hispanic or I		Unknown
Live Births:			0							0		
Other Termination	15.	umber of spontaneo	0				Numt	ber of ind	uced termi	nations <b>0</b>		
Dates of termination	ns (Do no	ot include this termin	aation. If more t	han six (6 <sub>,</sub>	), those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					preexisting preexi		nditions	of the patient that may
F ( 11.0		TC : 11	C	. ,.				N/A				
Fetus viable?  Yes	No	If viable, medical	reason for term	iination:					Compli	cation(s) of I	regnanc	cy Termination
Pathological examir performed?		If yes, results:						_ I	None Hemorrhag nfection Other (Spec	ge [	] Cervi	ne Perforation cal Laceration ned Products
								Did this			ncy resu	ılt in a maternal death?
		1		т	ofT.	notice D 1	roc.		, <u> </u>	0		
Procedure that Term	ninated P	regnancy		1 ype	or rermi	Additional Pr		e that Ter	minated P	regnancy		
☐ Medical (Nons	urgical)	Mifepristone				☐ Medical	(Nonsu	rgical) N	//ifepriston	ie		
Medical (Nonsi					Aisoprosto Other (Spec							
For Medical (Nonsu Check the box indice The manufacture The patient sign Medical (Surgi Medical (Surgi Medical (Surgi	eating the rer's instrued the par- cal) Succal) Mer	e following items we ructions provided to tient agreement tion Curettage nstrual Aspiration	ere completed	estion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)						
☐ Yes  If the previous ques  Was the fetus given	le or have No tion was the best	e a post fertilization	age at least 20 volete the following	weeks?	ons.	For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?						
What was the ba	ired the	determination that procedure to avert				What was	nat requ	sis for aired the				ant woman had a rious impairment to
List the name of the <b>N/A</b>	second de	octor present, as requ	ired under IC 16	5-34-2-3(a)	0(3)	List the nam	e of the	second o	doctor pres	sent, as requ	ired und	er IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>01/2018</b>		Physicia	an estimat	e of gestation (i	n week.	5)	Post fe	ertilization ag	ge of the	fetus (in weeks)
How were the gestar			on age determin	ed?							3	
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	d?	Yes	■ N	lo
Is the patient seeking			g any of the follo	owing?	☐ Abı	ısed		Coerced		Harassed		Trafficked
Full name of physic DR. CASANDRA C	_	-										
Address of physicia 8590 GEORGETO	n perforn	ning termination (nu		t, city, stat	te, and zip	code)						
SUU GLONGLIO		,DIANAI UL	, 70200									
**Date Reported	to DCS	, if Patient under	16 (month, day,	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination MARION
Patient's age**	Marrie	ed	Date of pregn	ancy term	ination	Educa	tion				
26	_	Yes No	(	07/28/20 <sup>-</sup>	18				,	ollege, No D	)egree
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Blac		an American	_	known	■ Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	0				Numb	er now o	leceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	er of ind	luced termi	nations 0	
Dates of termination	ns (Do no	ot include this termin	ation. If more t	han six (6	), those m	ost recent.)					
1	2					4		5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin cate the abo	-	nditions of the patient that may
F ( 110		TC : 11 1: 1	<u> </u>					N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				-	Compli	cation(s) of P	regnancy Termination
	110								None		Uterine Perforation
		70 1							Hemorrhag	je 🗆	Cervical Laceration
Pathological examir performed?	nation	If yes, results:							Infection		Retained Products
-	No								Other (Spec	cify)	
											ncy result in a maternal death?
								☐ Ye	s 🔳 N	0	
				Туре	of Termi	nation Procedu	es				
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated Pr	regnancy	
Medical (Nons									Mifepriston		
Medical (Nonsi				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
For Medical (Nonsu	ırgical) nı	rocedures, answer th	e following and	estion		For Medical (	Nonsur	gical) pro	ocedures a	nswer the foll	lowing question
		e following items we				Check the bo	x indica	ating the	following	items were c	completed
_		ructions provided to	the patient						-	vided to the	patient
The patient sign  Medical (Surgi									atient agree ion Curetta		
Medical (Surgi	ical) Mer	nstrual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi		
☐ Medical (Surgi	ical) Oth	er (Specify)				☐ Medical	(Surgic	al) Othe	er (Specify)		
For Medical (Surgio	cal) proce	dures, answer the fo	llowing question	n.		For Medical (	Surgica	al) proce	dures, answ	ver the follow	ving question.
		e a post fertilization	age at least 20 v	weeks?			us viab	le or hav			e at least 20 weeks?
	No No	answered yes, comp	lata tha fallawi	na augatio	na	If the prayion		] No	neward w	os aomnloto t	the following questions.
		opportunity to surviv		ng questio	115.	1	•		•	ty to survive?	• .
	□No						es [		оррогии	y to but vive.	
		determination that				What was	the ba	sis for	determinat	tion that the	e pregnant woman had a
the pregnant woman		procedure to avert of	leath or serious	impairm	ent to	condition th	nat requ	ired the			th or serious impairment to
prognant woman						the pregnan	womal	1!			
List the name of the <b>N/A</b>	second d	octor present, as requi	ired under IC 16	o-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	enses hea	an		Physicia	n estimat	e of gestation (i	n woob	;)	Post fa	rtilization ac	ge of the fetus (in weeks)
Zaro mor normai inc	-	10/2018		1 11 9 31010	Journal	12	weend	1	1 031 10	auton ag	10
How were the gesta	tional ago	e and post fertilization	on age determin	ed?					II.		
ULTRASOUND											
Was a waiver of cons	sent obtain	ned?	5 I N	lo	Was	a waiver of not	ificatio	n obtain	ed?	Yes	■ No
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abı	ısed		oerced		Harassed	☐ Trafficked
Full name of physic	_										
DR. CASANDRA C			mhor as I	t aits et	a and -:	code)					
8590 GEORGETO	-	ning termination (nu.  AD, INDIANAPOL		i, city, stat	е, апа zīp	coue)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_	

SFN:004777

## **TERMINATED PREGNANCY REPORT**

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/01/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address (PPGI) - 85	90 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of p	pregnancy termination MARION
Patient's age**	Marrie	d	Date of pregn	ancy term	ination	Educa	tion				
24	_	Yes No	(	07/28/20 <sup>-</sup>	18				,	ollege, No D	)egree
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Blac ■ Othe		an American		known	■ Not I	y anic or Latino Hispanic or L	
Live Births:		umber now living	1						leceased	0	
Other Termination	ns: N	umber of spontaneou	s terminations				Numb	er of inc	luced termi	nations 0	
Dates of termination 2014		t include this termin						5			6
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					y preexistin	-	nditions of the patient that may
								N/A			
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of P	regnancy Termination
	INU							•	None		Uterine Perforation
									Hemorrhag	je 🗆	Cervical Laceration
Pathological examin performed?	nation	If yes, results:							Infection		Retained Products
☐ Yes ■	No								Other (Spec	cify)	
								Did thi	s terminati		ncy result in a maternal death
								☐ Ye	s 🔳 N	0	
				Туре	of Termi	nation Procedur	res				
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated P	regnancy	
☐ Medical (Nonso									Mifepriston Misoprosto		
Medical (Nonsi									Other (Spec		
For Medical (Nonsu	ırgical) pı	rocedures, answer th	e following que	estion		For Medical (	Nonsur	gical) pr	ocedures, a	nswer the foll	lowing question
Check the box indic	cating the	e following items we	re completed			Check the bo	x indica	ating the	following	items were c	completed
☐ The manufactur☐ The patient sign		uctions provided to	the patient						uctions pro atient agree	vided to the	patient
Medical (Surgional Control of the patient significance)									ion Curetta		
☐ Medical (Surgion	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Men	strual Aspi		
Medical (Surgion	cai) Otn	er (Specify)				Medical	(Surgic	ai) Otne	er (Specify)		
For Medical (Surgic	cal) proce	dures, answer the fo	llowing questic	n.		For Medical (	Surgica	l) proce	dures, answ	ver the follow	ving question.
	le or have	e a post fertilization	age at least 20	weeks?		Was the fet		le or hav ] No	e a post fei	tilization age	e at least 20 weeks?
If the previous quest	_	answered yes, comp	lete the following	ng questio	ns.	_			nswered y	es, complete	the following questions.
		opportunity to surviv	ve?						opportunit	y to survive?	
☐ Yes [	□No					L '	Yes [	_ No			
		determination that procedure to avert of									e pregnant woman had a
the pregnant woman		procedure to avert (	.cam or serious	, impuitill		the pregnan			procedure	w aven deat	th or serious impairment to
List the name of the	second d	octor present, as requi	red under IC 16	5-34-2-3(a)	(3)	List the name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
N/A		. r, ao requ			<i>\`)</i>					., • qui	
Date last normal me	-			Physicia	n estimat	e of gestation (i	n weeks	:)	Post fe	rtilization ag	ge of the fetus (in weeks)
Hama		20/2018	1	- 10		9					7
How were the gestar  ULTRASOUND	tional age	e and post fertilization	n age determin	ea!							
<u></u>	4 -1-4-:-	19 🗆 🗆 🗆			<b>XX</b> 7		· c	14.1	10		
Was a waiver of cons Is the patient seeking					Was Abı	a waiver of not		oerced	eu!	Yes Harassed	■ No  □ Trafficked
Full name of physic			,, or the folio					J. 1000		114145504	
DR. CASANDRA C	-	-									
Address of physician	-	-		t, city, stat	e, and zip	code)					
8590 GEORGETO	WN RO	AD, INDIANAPOL	IS, IN 46268								
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.
Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

performed. Each i	failure to	file this report on	time as requir	ed is a C	lass B m	isdemeanor p	per IC 1	16-34-2-5	(d).			
Facility Name and A CLINIC FOR WOMEN - 360	City or town, of pregunitor Facility Name and Address LINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222  Patient's age**  Married  Date of pregnancy termination  Edu									County of p		y termination RION
Patient's age** 41	Marrie	d ☑ Yes ☐ No		ancy termi 07/07/201		Educa	tion		Mas	ster's Degree	е	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black		an American	☐ Un	ıknown		y anic or Latino Hispanic or La		☐ Unknown
Live Births:	Nι	umber now living	4				Numb	per now de	ceased	0		
Other Termination	ıs: Nı	umber of spontaneou					Numb	per of indu	ced termi			
Dates of termination			ation. If more th	nan six (6),	, those mo	ost recent.)						
1. UNKNOWN	2.	UNKNOWN	3			4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					preexisting the about		ditions of	f the patient that may
Fetus viable?		If viable, medical	reason for term	ination:					Compli	cation(s) of Pr	agnangy	Termination
☐ Yes ■	No							■ N	one		-	e Perforation
								_ н	emorrhag	ge 🗆	Cervica	al Laceration
Pathological examin performed?	ation	If yes, results:						_	fection		Retaine	ed Products
■ Yes □	No	SAC & CHORIO	NIC VILLI						ther (Spe	cify)		
								Did this termination of pregnancy result in a maternal death?				
									■ N		cy result	in a maternar death:
				Type	of Termir	nation Procedur	res					
Procedure that Term	inated Pr	regnancy				Additional Pr	ocedure	e that Tern	ninated P	regnancy		
☐ Medical (Nonsu ☐ Medical (Nonsu								rgical) M				
Medical (Nonsu							(Nonsurgical) Other (Specify)					
For Medical (Nonsur Check the box indicent The manufactur The patient signs	ating the er's instr	following items we uctions provided to	ere completed	stion		Check the bo	x indicurate	ating the f	ollowing ctions pro	nswer the follogitems were convided to the perment	mpleted	
Medical (Surgion Medical (Surgio	cal) Men	strual Aspiration				Medical	(Surgic	cal) Suction cal) Menst cal) Other	rual Aspi	iration		
For Medical (Surgic	al) proce	dures answer the fo	llowing question			For Modical	(Surgia	al) procedu	urog ongv	wer the followi	ng guast	tion
Was the fetus viable	le or have	e a post fertilization	- 1			Was the fer	tus viab	ole or have		rtilization age		
☐ Yes [ If the previous quest	■ No tion was a	answered yes, comp	lete the following	ng question	ns.	_	es [ s quest		swered y	res, complete t	he follov	wing questions.
Was the fetus given ☐ Yes [	the best	opportunity to survi	ve?				us giver Yes [		opportuni	ty to survive?		
What was the base condition that requesting the pregnant woman	ired the						hat requ	aired the p				nt woman had a ous impairment to
List the name of the	second do	octor present, as requ	ired under IC 16	-34-2-3(a)(	(3)	List the nam	e of the	e second do	octor pre	sent, as requir	ed under	r IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>20/2018</b>		Physician	n estimate	e of gestation (i	in week	s)	Post fe	ertilization age	of the fo	etus (in weeks)
How were the gestat SONOGRAM	tional age	and post fertilization	on age determine	ed?								
Was a waiver of cons	ent obtain	ned?	s I N	[n	Was	a waiver of not	ificatio	n obtained	19	☐ Yes	■ No	
Is the patient seeking					Abu			Coerced		] Harassed		rafficked
Full name of physici RESAD PASIC	ian perfoi	rming termination										
Address of physician	-	-		, city, state	e, and zip	code)						
2411 NEWBURG F	RD, LOU	ISVILLE, KY 402	05									
**Date Reported	to DCS.	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address 07 WEST 1	6TH STREET SUITE B2, I	46222	or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION									
Patient's age**	Marrie	d	Date of pregn	nancy termin	nation	Educat	tion						
37		Yes No	(	07/07/2018	8			ŀ		ol Diploma	a or GED	ı	
Race American India Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American		ıknown	Not I	y anic or Latin Hispanic or I		Unknown	
Live Births:	N	umber now living	2				Numb	per now o	leceased	0			
Other Termination	ns: N	umber of spontaneou	is terminations				Numl	per of inc	luced termi	nations 0			
Dates of termination		t include this termin											
						4		5			6	f the patient that may	
Fetus delivered alive  ☐ Yes  ■		If yes, length of ti	me fetus surviv	red:					y preexistin cate the abo		naitions of	the patient that may	
Fetus viable?	NT.	If viable, medical	reason for term	nination:					Compli	cation(s) of I	Pregnancy	Termination	
☐ Yes ■	No								None		_	e Perforation	
						Hemorrhage Cervical Laceration							
Pathological examir performed?	nation	If yes, results:							Infection		] Retaine	ed Products	
■ Yes □	No	SAC & CHORIO	NIC VILLI			Other (Specify)							
								Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No					
Type of Tampingtian Dresad								re	,s <u> </u>	0			
Drogadure that T	Procedure that Terminated Pregnancy Additional								rminate J D	roance a			
Medical (Nons			rminated Pr Mifepriston										
☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) l	Misoprosto	l			
☐ Medical (Nons	urgicar)	Other ( <i>specify</i> )				Wiedicai	(Nonsu	iigicai) (	Other (Spec	:tJy)			
For Medical (Nonsu	raiaal) n	roadures enswerth	o following au	action		For Medical (	Mongur	raical) pr	oodures e	nawar tha fol	llowing au	uestion	
Check the box indic				Stion		Check the bo	x indic	ating the	following	items were	completed		
☐ The manufactur☐ The patient sign		uctions provided to	the patient						uctions pro atient agree	vided to the	patient		
Medical (Surgi									ion Curetta				
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration							strual Aspi				
Wiedical (Burgi	car) Our	er (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgic		dures, answer the fo e a post fertilization				For Medical (				ver the follov rtilization ag			
Yes	■ No	-				☐ Y	es [	No	-				
		answered yes, comportunity to surviv		ng question	IS.	_	-		-	-		ving questions.	
	□ No	opportunity to surviv	VC!				us givei Yes [		opportunii	ty to survive	!		
	ired the	determination that procedure to avert of					nat requ	iired the				nt woman had a ous impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)(3	3)	List the name	e of the	second	doctor pres	sent, as requi	ired under	r IC 16-34-2-3(a)(3)	
Date last normal me	_	an 17/2018		Physician	n estimate	e of gestation (i	n week.	s)	Post fe	ertilization ag	ge of the f	etus (in weeks)	
How were the gestational age and post fertilization age determined?  SONOGRAM													
Was a waiver of cons	ont star	and)		T.	117	a wai C	:6:- /	n elec	a d 0	Пу	E7		
Is the patient seeking					Mas Abu	a waiver of not		Coerced	ea?	☐ Yes Harassed	■ No	rafficked	
Full name of physic			, , ,	٠.									
RESAD PASIC													
Address of physicia 2411 NEWBURG I	-	-		t, city, state	, and $\overline{zip}$	code)							
	, 200												
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Facility Name and A CLINIC FOR WOMEN - 36		6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy te MARIC						
Patient's age** 22	Marrie	d Yes • No	Date of pregnancy to <b>07/07</b> /2		Educa	ntion	High Sch	ool Diploma or GED			
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian B White O		can American			ty panic or Latino Hispanic or Latino			
Live Births:		umber now living	1					0			
Other Termination	15.	umber of spontaneou	0			Numt	per of induced tern	ninations <b>1</b>			
Dates of termination 2014	ns (Do no	ot include this termin	ation. If more than six	(6), those m	ost recent.)		5	6			
Fetus delivered alive		If yes, length of ti			-T-		List any preexist complicate the al	ng medical conditions of the patient that may portion			
Fetus viable?  Yes	No	If viable, medical	reason for termination	:			■ None	ication(s) of Pregnancy Termination  Uterine Perforation			
Pathological examin	nation	If yes, results:					☐ Hemorrha	ge Cervical Laceration  Retained Products			
performed?  Yes	No	SAC & CHORIO	NIC VILLI				Other (Sp	_			
	110										
					Did this termina  Yes	tion of pregnancy result in a maternal death?					
Type of Termination Proced											
Procedure that Term	ninated P	regnancy					e that Terminated	Pregnancy			
☐ Medical (Nonsi							rgical) Mifepristo rgical) Misoprost				
Medical (Nonsi							rgical) Other (Spe				
Check the box indic  The manufactur  The patient sign  Medical (Surgi	cating the rer's instrued the pa cal) Suc	e following items we ructions provided to tient agreement	-		Check the bo						
Medical (Surgio					Medical (Surgical) Other (Specify)  For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab	le or hav	_	age at least 20 weeks?		Was the fe	tus viab /es [	ole or have a post f  No	ertilization age at least 20 weeks?			
-	the best	opportunity to surviv	lete the following questive?	stions.	Was the fet	-	n the best opportur	yes, complete the following questions. ity to survive?			
	ired the		the pregnant woman leath or serious impai			hat requ	ired the procedur	ation that the pregnant woman had a e to avert death or serious impairment to			
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)							second doctor pr	esent, as required under IC 16-34-2-3(a)(3)			
Date last normal me	_	an 18/2018	Phys	ician estimat	te of gestation (	in week:	Post Post	fertilization age of the fetus (in weeks)  4			
How were the gestational age and post fertilization age determined?  SONOGRAM								·			
Was a waiver of cons		1 1 60		Was	a waiver of no			☐ Yes ■ No			
			any of the following?	☐ Ab	used		Coerced [	Harassed Trafficked			
Full name of physic RESAD PASIC	ian perfo	rming termination		_							
Address of physicia	-	-	mber and street, city,	state, and zip	code)						
2411 NEWBURG F	χυ, LOU	JIOVILLE, KY 4020	ມວ								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address	6TH STREET SUITE B2,		City	or town, of pregn	•	mination	County of pregnancy termination MARION
Patient's age**	Marrie	d	Date of pregnance	y termination	Educa	ation		•
25		Yes No	07/0	07/2018				ool Diploma or GED
Race American Indian Native Hawaiian		ka Native r Pacific Islander	Asian White	Black or Af	frican American	☐ Ur		panic or Latino  Hispanic or Latino  Unknown
Live Births:	N	umber now living	0			Numl	ber now deceased	0
Other Termination	ns: N	umber of spontaneo	us terminations			Numl	ber of induced tern	ninations 0
Dates of termination	ns (Do no	t include this termin	ation. If more than	six (6), those	most recent.)	1		<b>v</b>
1. UNKNOWN	2	·	3		4		5	6
Fetus delivered alive		If yes, length of to	me fetus survived:				complicate the al	ing medical conditions of the patient that may portion
Fetus viable?		If viable, medical	reason for terminat	tion:				( ) ( ) CD
☐ Yes ■	No						None Comp.	lication(s) of Pregnancy Termination  Uterine Perforation
							Hemorrha	
Pathological examir performed?	nation	If yes, results:					☐ Infection	☐ Retained Products
■ Yes □	No	SAC & CHORIO	NIC VILLI				Other (Sp	ecify)
							Did this termina  Yes	tion of pregnancy result in a maternal death?
				ıres				
Procedure that Term	ninated P	regnancy		- , p = 0.1 101	mination Procedu Additional P		e that Terminated	Pregnancy
☐ Medical (Nons	urgical)	Mifepristone		(Nonsu	ırgical) Mifepristo	one		
☐ Medical (Nons) ☐ Medical (Nons)							rgical) Misoprost rgical) Other (Spe	
For Medical (Nonsu				on				answer the following question
Check the box indic	_	_	-				•	g items were completed rovided to the patient
☐ The patient sign							ned the patient agre	
■ Medical (Surgi ■ Medical (Surgi		tion Curettage estrual Aspiration					cal) Suction Curet cal) Menstrual As	
Medical (Surgi					Medica	(Surgio	cal) Other (Specify	y)
For Medical (Surgio	cal) proce	dures, answer the fo	llowing question.		For Medical	(Surgic	al) procedures, ans	wer the following question.
	le or have	e a post fertilization	age at least 20 wee	ks?		etus viab Yes [		ertilization age at least 20 weeks?
Yes If the previous ques	_	answered yes, comp	lete the following o	questions.	_	_		yes, complete the following questions.
	the best No	opportunity to survi	ve?			tus givei Yes [	n the best opportur	ity to survive?
		datarmination that	the programme was	man had a			_	
	iired the	determination that procedure to avert				hat requ	uired the procedur	ation that the pregnant woman had a e to avert death or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-34	-2-3(a)(3)	List the nan	ne of the	e second doctor pr	esent, as required under IC 16-34-2-3(a)(3)
Date last normal me	_		P	hysician estin	nate of gestation (	in week	s) Post	fertilization age of the fetus (in weeks)
How were the gesta		19/2018  e and post fertilization	on age determined?	,	7			5
SONOGRAM		1	Ü					
Was a waiver of cons					as a waiver of no	tificatio	on obtained?	☐ Yes ■ No
Is the patient seeking			g any of the following	ng?	Abused		Coerced [	Harassed Trafficked
Full name of physic RESAD PASIC	ian perfo	rming termination						
Address of physicia	n perforn	ning termination (nu	mber and street, ci	ty, state, and	zip code)			
2411 NEWBURG I	RD, LOL	JISVILLE, KY 402	05					
**Date Reported	to DCS	, if Patient under	16 (month, day, yed	ar):				_

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address	6TH STREET SUITE B2,	•			town, of pregna	ancy term	ination	- ( - )	County of 1		y termination		
D. (1)	ı		l D.: 1		<u> </u>		NAPOLIS				IVIA	RION		
Patient's age** 28	Marrie	ed Yes No	Date of pregna	ancy term 07/07/201		Educa	ation			th, No Dipl	oma			
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an American	☐ Unk	nown		y anic or Latino Hispanic or L		☐ Unknown		
Live Births:		umber now living	3		, <u> </u>				eceased	0	atino			
Other Termination	ns: N	umber of spontaneo					Numbe	r of ind	uced termi					
Dates of termination	ns (Do no	ot include this termin	nation. If more th	han six (6	), those m	ost recent.)		5		'	6			
Fetus delivered aliv		If yes, length of ti	me fetus survivo	ed:					preexisting preexi		nditions of	f the patient that may		
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:				_	Complication Complication Complex Comp		Uterine	Termination Perforation		
Pathological examir performed?  • Yes	nation No	If yes, results: SAC & CHORIO	NIC VILLI						nfection Other (Spec		'	ed Products		
			Did this			ncy result	in a maternal death?							
Type of Termination							ıres							
Procedure that Term	ninated P	regnancy		-71-		Additional P		that Ter	minated P	regnancy		-		
Medical (Nons	☐ Medical (Nonsurgical) Mifepristone       ☐ Med         ☐ Medical (Nonsurgical) Misoprostol       ☐ Med								Medical (Nonsurgical) Mifepristone					
The patient sign  Medical (Surgi	rer's instructed the particular (cal) Succession of the particular (cal) Merical (cal)	e following items we ructions provided to tient agreement tion Curettage nstrual Aspiration	ere completed	estion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)								
For Medical (Surgic	cal) proce					For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?								
If the previous ques Was the fetus given		answered yes, comp opportunity to survi		ng questio	ons.	If the previou  Was the fet	•	n was a the best	•	es, complete by to survive?		ving questions.		
	aired the	determination that procedure to avert					hat requir	red the				nt woman had a ous impairment to		
List the name of the	second d	octor present, as requ	ired under IC 16	-34-2-3(a)	)(3)	List the nam	ne of the s	second o	doctor pres	sent, as requi	red under	· IC 16-34-2-3(a)(3)		
Date last normal me	04/	11/2018		-	an estimate	e of gestation (	in weeks)		Post fe	ertilization ag	e of the fe	etus (in weeks)		
How were the gesta SONOGRAM	tional ag	e and post fertilization	on age determine	ed?										
Was a waiver of cons	sent obtai	ned?	s 🔳 N	lo	Was	a waiver of no	tification	obtaine	ed?	Yes	■ No			
Is the patient seeking			g any of the follo	wing?	☐ Abu	ısed	Со	erced		Harassed	☐ Tr	afficked		
Full name of physic RESAD PASIC	•													
Address of physicia 2411 NEWBURG I	-	=		, city, stat	te, and zip	code)								
**Date Reported	to DCS	if Patient under	16 (month day	a										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Reports for all other patients shall be submitted to the Indiana State Department of Health no later than 30 days after each termination is

Facility Name and A	Address			own, of pregna		. ,	County of pregnancy termination			
	07 WEST 16TH STREET SUITE B2,			INDIANAPOLIS MARION						
Patient's age** 38	Married ☐ Yes ■ No	Date of pregnancy term <b>07/07/20</b>		Educat	tion	High S	chool Diploma or GED			
Race American Indiar Native Hawaiiar Live Births:	or Alaska Native or Other Pacific Islander Number now living	Asian Blace White Other		n American		□H	icity Hispanic or Latino Not Hispanic or Latino			
Other Termination	Number of spontaneous:				Numb	er of induced to				
Dates of termination	s (Do not include this termin	ation. If more than six (6	(i), those mo	st recent.)		_				
Fetus delivered alive	e? If yes, length of ti	me fetus survived:	4			List any preex complicate the	isting medical conditions of the patient that may abortion			
Fetus viable?  Yes  Pathological examin performed?  Yes	No lation If yes, results:	reason for termination:				None Hemori	Hemorrhage Cervical Laceration			
							nation of pregnancy result in a maternal death?  No			
	I	Tyme	ation Procedur	es		•				
Medical (Nonsu	ninated Pregnancy argical) Mifepristone argical) Misoprostol argical) Other (Specify)	- 7 p.	Additional Pr  Medical Medical	ocedure (Nonsu (Nonsu	e that Terminate rgical) Mifepri rgical) Misopro rgical) Other (S	stone				
Check the box indic  The manufactur  The patient sign  Medical (Surgic  Medical (Surgic	rgical) procedures, answer the ating the following items were's instructions provided to ed the patient agreement cal) Suction Curettage cal) Menstrual Aspiration cal) Other (Specify)	ere completed		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)						
Was the fetus viabl  ☐ Yes [ If the previous quest  Was the fetus given  ☐ Yes [  What was the ba	al) procedures, answer the fole or have a post fertilization  No ion was answered yes, comp the best opportunity to survi No sis for determination that ired the procedure to avert of	age at least 20 weeks?  lete the following question wee?  the pregnant woman	had a	Was the fet Y If the previou Was the fett V What was	tus viab  Tes   Tes   Tes   Tes   The   Tes   The   Tes   The   Tes   The   Tes   The   Tes   Tes   The   Tes   Te	le or have a pos No on was answere the best opport No sis for determired the proced	answer the following question.  It fertilization age at least 20 weeks?  It days, complete the following questions.  It tunity to survive?  Initiation that the pregnant woman had a lure to avert death or serious impairment to			
List the name of the	second doctor present, as requ						present, as required under IC 16-34-2-3(a)(3)			
_	nses began 05/20/2018 tional age and post fertilization		an estimate	of gestation (i	n weeks	Po	st fertilization age of the fetus (in weeks) 4			
SONOGRAM  Was a waiver of cons	ant abtains 10		117		: c:	1-4-1 10				
Is the patient seeking	ent obtained?		Was a  ☐ Abus	waiver of not		oerced	☐ Yes ■ No ☐ Harassed ☐ Trafficked			
RESAD PASIC Address of physician	n performing termination (nu RD, LOUISVILLE, KY 402		te, and zip	code)						
	to DCS if Patient under									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A		6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy te						
Patient's age** 24	Marrie	ed Yes No	Date of pregnancy ter 07/07/2		Educa	tion	High Sch	ool Diploma or GED			
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ Bla ☐ White ☐ Ot		can American			ty panic or Latino Hispanic or Latino			
Live Births:		umber now living	2					0			
Other Termination	ns: N	umber of spontaneou	is terminations 0			Numb	per of induced term	ninations <b>0</b>			
Dates of termination			ation. If more than six (	(6), those m	ost recent.)		_				
Fetus delivered aliv		If yes, length of ti	me fetus survived:		4.		List any preexisti complicate the ab	ng medical conditions of the patient that may portion			
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for termination:				■ None	ication(s) of Pregnancy Termination  Uterine Perforation			
Pathological examir	nation	If yes, results:					☐ Hemorrha ☐ Infection	ge Cervical Laceration  Retained Products			
performed?  Yes	No	SAC & CHORIO	NIC VILLI				Other (Spe	_			
	110										
							Did this terminat  ☐ Yes	ion of pregnancy result in a maternal death?			
			Ty	res							
Procedure that Term	ninated P	regnancy	- 5		Additional P		e that Terminated I	Pregnancy			
Medical (Nons							rgical) Mifepristo				
Medical (Nonsi							rgical) Misoprosto rgical) Other (Spe				
,											
Check the box indic	cating the rer's instr	rocedures, answer the following items we ructions provided to	re completed		Check the bo	ox indicature	surgical) procedures, answer the following question dicating the following items were completed curer's instructions provided to the patient igned the patient agreement				
Medical (Surgi							al) Suction Curett				
	cal) Mei	nstrual Aspiration			☐ Medical	(Surgic	al) Menstrual Asp al) Other (Specify	iration			
Wedical (Surgi	car) Our	сі (Бресіју)									
Was the fetus viab	le or hav	edures, answer the fo	llowing question. age at least 20 weeks?		Was the fe	tus viab	le or have a post fe	wer the following question. ertilization age at least 20 weeks?			
	■ No tion was	answered yes, comp	lete the following quest	ions.	If the previou	_	No ion was answered	yes, complete the following questions.			
Was the fetus given ☐ Yes [		opportunity to surviv	ve?			us giver Yes [	the best opportun  No	ity to survive?			
	ired the		the pregnant woman leath or serious impair			hat requ	ired the procedure	ation that the pregnant woman had a e to avert death or serious impairment to			
List the name of the	second d	octor present, as requi	ired under IC 16-34-2-3(	(a)(3)	List the nam	e of the	second doctor pre	esent, as required under IC 16-34-2-3(a)(3)			
Date last normal me	_	an (06/2018	Physic	cian estimat	e of gestation (	in weeks	Post f	Pertilization age of the fetus (in weeks)			
How were the gestational age and post fertilization age determined?  SONOGRAM							<u> </u>	<u> </u>			
Was a waiver of cons	sent obtai	ned?	■ No	Was	a waiver of no	tificatio	n obtained?	☐ Yes ■ No			
Is the patient seeking	an aborti	on as a result of being	any of the following?	☐ Ab	used		Coerced	Harassed Trafficked			
Full name of physic RESAD PASIC	ian perfo	orming termination									
Address of physicia	-	-	mber and street, city, st	ate, and zip	code)						
2411 NEWBURG F	KD, LOU	JISVILLE, KY 4020	J5								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address 07 WEST 1	6TH STREET SUITE B2,	INDIANAPOLIS, IN 4622	City or	town, of pregna			County of pro	egnancy termination MARION		
Patient's age**	Marrie	d	Date of pregnancy	y termination	Educa	tion		·			
38		Yes No	07/0	7/2018				ssociate Degree	<del></del>		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	Black or Afric	an American		ıknown 🔳	icity Iispanic or Latino Vot Hispanic or Lat	ino 🔲 Unknown		
Live Births:	N	umber now living	1				per now decease	0			
Other Termination	ns: N	umber of spontaneo	us terminations 1			Numl	per of induced t	erminations 0			
Dates of termination  1. UNKNOWN	ns (Do no	t include this termin	nation. If more than .	six (6), those m	ost recent.)		5	6	i		
Fetus delivered aliv		If yes, length of ti	me fetus survived:				List any preed complicate th		itions of the patient that may		
Fetus viable? ☐ Yes ■	No	If viable, medical	reason for terminati	ion:			Con  None  Hemoi		gnancy Termination Uterine Perforation Cervical Laceration		
Pathological examin performed?  Yes	nation No	If yes, results:  SAC & CHORIO	NIC VILLI				☐ Infecti		Retained Products		
								nation of pregnance	y result in a maternal death?		
				Type of Termi	nation Procedu	res					
Procedure that Term							e that Terminat				
☐ Medical (Nons☐ Med	urgical)	Misoprostol			(Nonsu	argical) Mifepr argical) Misopr argical) Other (	ostol				
For Medical (Nonsu Check the box indicent of the manufacturent of the ma	cating the rer's instr ed the par cal) Succ cal) Mer	e following items we uctions provided to tient agreement tion Curettage astrual Aspiration	ere completed	n	Check the bo	Medical (Nonsurgical) procedures, answer the following question k the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)					
Yes If the previous ques	le or have No tion was	e a post fertilization	age at least 20 week		Was the fe	tus viab es [ s quest	le or have a po No ion was answer	answer the following the fertilization age a good yes, complete the tunity to survive?			
What was the ba	iired the		the pregnant won death or serious imp		What was	Yes [ the ba hat requ	No  No  nsis for deterrated the process	nination that the	pregnant woman had a or serious impairment to		
List the name of the	second de	octor present, as requ	ired under IC 16-34-	2-3(a)(3)	List the nam	e of the	e second doctor	present, as required	d under IC 16-34-2-3(a)(3)		
Date last normal me	_	an <b>24/2018</b>	Ph	ysician estimat	e of gestation (a	in week.	s) Po	st fertilization age	of the fetus (in weeks) 4		
How were the gesta SONOGRAM	tional age	e and post fertilization	on age determined?								
Was a waiver of cons					a waiver of not			Yes	■ No		
Is the patient seeking  Full name of physic			g any of the following	g?	used		Coerced	Harassed	Trafficked		
RESAD PASIC	ian peno	iiiiiig wiiiiiiatioil									
Address of physicia 2411 NEWBURG I	-	-		y, state, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day, yea	er):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Reports for all other patients shall be submitted to the Indiana State Department of Health no later than 30 days after each termination is

		me una report on	ume as required is a t		<u> </u>		. , ,				
Facility Name and A CLINIC FOR WOMEN - 36	Address 07 WEST 1	6TH STREET SUITE B2,	INDIANAPOLIS, IN 46222	City or t	town, of pregna	County of pregnancy termination MARION					
Patient's age** 28	Marrie	d ☐ Yes ■ No	Date of pregnancy term <b>07/07/20</b>		Educa	tion	Some	e College, No Degree			
Race American Indian Native Hawaiian Live Births:	n or Othe	ka Native r Pacific Islander umber now living	☐ Asian ■ Blace ☐ White ☐ Other		an American		□H	nicity Hispanic or Latino Not Hispanic or Latino Unknown  d  0			
Other Termination	ns: N	umber of spontaneou				Numb	er of induced to	erminations			
Dates of termination			ation. If more than six (6	6), those m	ost recent.)			1			
1. UNKNOWN	2	UNKNOWN	3		4		5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				List any preex complicate the	cisting medical conditions of the patient that may e abortion			
Fetus viable?		If viable, medical	reason for termination:					I' (' ( ) CD			
☐ Yes ■	No						■ None	nplication(s) of Pregnancy Termination  Uterine Perforation			
							Hemori	<del>-</del>			
Pathological examin performed?	nation	If yes, results:					☐ Infection	on Retained Products			
■ Yes □	No	SAC & CHORIO	NIC VILLI				Other (	(Specify)			
							ination of pregnancy result in a maternal death  No				
		•	Time	nation Procedu	res						
Procedure that Term	ninated P	regnancy	Тур			that Terminate	ed Pregnancy				
☐ Medical (Nonsi						rgical) Mifepri	• •				
☐ Medical (Nonsi							rgical) Misopro				
iviculcar (140fisi	uigicai)	Other (Specify)			Wiedicar	Medical (Nonsurgical) Other (Specify)					
Check the box indic	cating the rer's instr led the pat	e following items we fuctions provided to	the patient		Check the bo	☐ Medical (Surgical) Suction Curettage					
Medical (Surgion Medica		nstrual Aspiration er (Specify)			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgice Was the fetus viable Yes	le or have		llowing question. age at least 20 weeks?		Was the fer		le or have a pos	answer the following question. st fertilization age at least 20 weeks?			
If the previous quest	tion was the best	answered yes, comp opportunity to surviv	lete the following question ve?	ons.	If the previou  Was the fett	ıs questi	on was answere the best opport	ed yes, complete the following questions. tunity to survive?			
What was the ba	sis for o		the pregnant woman death or serious impairm		What was	the ba	sis for determined the proced	nination that the pregnant woman had a dure to avert death or serious impairment to			
List the name of the	second de	octor present, as requ	ired under IC 16-34-2-3(a	)(3)	List the nam	e of the	second doctor	present, as required under IC 16-34-2-3(a)(3			
Date last normal me	_	an 21/2018	Physici	e of gestation (i	in weeks	Po Po	ost fertilization age of the fetus (in weeks)				
How were the gestar SONOGRAM	tional age	e and post fertilization	on age determined?				I				
Was a waiver of cons	sent obtain	ned? Yes	s • No	Was	a waiver of not	tification	n obtained?	☐ Yes ■ No			
Is the patient seeking	an abortio	on as a result of being	any of the following?	Abu	ısed	□ C	oerced	☐ Harassed ☐ Trafficked			
Full name of physic RESAD PASIC	ian perfo	rming termination									
Address of physicia 2411 NEWBURG F	-	-	mber and street, city, sta 05	te, and zip	code)						
**Date Reported	to DCS	if Patient under	6 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address 07 WEST 1	6TH STREET SUITE B2,	INDIANAPOLIS, IN 4	16222	City or	town, of pregna				County of p	oregnancy to	
Patient's age**	Marrie		Date of pregna	•		Educa	tion					
Race		Yes ■ No	0	7/07/201	18				Ethnicity	Unknown ,		
American India		ka Native r Pacific Islander	☐ Asian ☐ White	■ Blac		an American	☐ Ur	nknown	☐ Hispa	anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	1				Numl	ber now de	ceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations				Numl	ber of indu	ced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more th	an six (6,	), those m	ost recent.)						
1	2		3			4		5			6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					preexistin ate the abo		iditions of th	ne patient that may
Fetus viable?		If viable, medical	reason for termi	nation:					G 1:	( ) CD		
☐ Yes ■	No							■ N	Complic	cation(s) of P	regnancy To Uterine P	
								_	emorrhag	_		Laceration
Pathological examir performed?	nation	If yes, results:						☐ In	fection		Retained	Products
■ Yes □	No	SAC & CHORIO	NIC VILLI						ther (Spec	cify)		
								Did this Yes			ncy result in	a maternal death?
				Туре	of Termi	nation Procedu	res					
Procedure that Term						Additional Pr						
☐ Medical (Nonsi								urgical) M urgical) M				
Medical (Nons								ırgical) Ot				
For Medical (Nonsu Check the box indic	cating the rer's instr	e following items we ructions provided to	ere completed	stion			x indic	ating the f	ollowing ctions pro	items were c	ompleted	tion
Medical (Surgi Medical (Surgi Medical (Surgi	cal) Mer	nstrual Aspiration				☐ Medical ☐ Medical ☐ Medical	(Surgio	cal) Suction cal) Menst cal) Other	rual Aspi			
		edures, answer the for e a post fertilization						ole or have		ver the follow tilization age		
If the previous ques	tion was	-		g questio	ons.	If the previou	_		swered ye	es, complete	the followin	ig questions.
	the best No	opportunity to survi	ve?				us give Yes [		pportunit	y to survive?		
	ired the	determination that procedure to avert					hat requ	uired the p				woman had a s impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the nam	e of the	e second do	octor pres	sent, as requi	red under IO	C 16-34-2-3(a)(3)
Date last normal me	_	an 16/2018		Physicia	an estimat	e of gestation (a	in week	rs)	Post fe	rtilization ag	e of the fetu <b>5</b>	is (in weeks)
How were the gesta SONOGRAM	tional age	e and post fertilization	on age determine	ed?					1			
Was a waiver of cons						a waiver of not			1?	Yes	■ No	
Is the patient seeking			g any of the follow	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Traf	ficked
Full name of physic RESAD PASIC	ıan perfo	rming termination										
Address of physicia	-	=		city, stat	te, and zip	code)						
2411 NEWBURG I	RD, LOU	JISVILLE, KY 402	05 									
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN	46222	own, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION							
Patient's age**	Marrie	d	Date of pregna	ancy termin	nation	Educat	tion					
25		Yes No	(	07/07/2018	3			H		ol Diploma	or GED	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	Black Other		an American	_	known	■ Not I	y anic or Latino Hispanic or L		
Live Births:		umber now living	1						leceased	0		
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	er of ind	luced termi	nations 1		
Dates of termination  1. UNKNOWN		ot include this termin						5			6	
Fetus delivered aliv		If yes, length of ti	me fetus survivo	ed:					y preexistin cate the abo		nditions of the patient that may	
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	_	regnancy Termination Uterine Perforation	
Pathological examir performed?	nation No	If yes, results:  CHORIONIC SA	C & VILLI						Hemorrhag Infection Other (Spec		Cervical Laceration Retained Products	
								Did this termination of pregnancy result in a maternal death?  ☐ Yes ■ No				
	Type of Termination Procedur											
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	rminated P	regnancy		
Medical (Nons	cal (Nonsurgical) Mifepristone								Mifepriston Misoprosto Other (Spec	l		
Check the box indic	cating the rer's instr ned the par- ical) Suc- ical) Mer	tion Curettage astrual Aspiration	ere completed	estion		Check the bo The man The patie Medical Medical	edical (Nonsurgical) procedures, answer the following question to the box indicating the following items were completed the manufacturer's instructions provided to the patient the patient signed the patient agreement dedical (Surgical) Suction Curettage dedical (Surgical) Menstrual Aspiration dedical (Surgical) Other (Specify)					
Was the fetus viab ☐ Yes If the previous ques Was the fetus giver	le or have No tion was	edures, answer the fo e a post fertilization answered yes, comp opportunity to surviv	age at least 20 v	weeks?	S.	☐ Y If the previou Was the fett	us viab es [ s questi	le or have No on was a the best	re a post fer	rtilization age	e at least 20 weeks? the following questions.	
	aired the	determination that procedure to avert of				What was	the ba	sis for ired the			e pregnant woman had a th or serious impairment to	
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)								red under IC 16-34-2-3(a)(3)				
Date last normal menses began  04/19/2018  Physician estimate of gestation (in w								i)	Post fe	ertilization ag	e of the fetus (in weeks)	
How were the gesta	tional age	e and post fertilization	on age determin	ed?								
Was a waiver of cons						a waiver of not	_		ed?	☐ Yes	No	
Is the patient seeking			any of the follo	wing?	Abu	ised	☐ C	oerced		Harassed	☐ Trafficked	
Full name of physic RESAD PASIC			_									
Address of physicia 2411 NEWBURG I	-	ning termination (nu JISVILLE, KY 4020		t, city, state,	, and zip	code)						
**Date Reported	to DCS	, if Patient under	6 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Reports for all other patients shall be submitted to the Indiana State Department of Health no later than 30 days after each termination is

periorineu.	ianule (	me una report on	time as required is a t		<u> </u>						
Facility Name and A CLINIC FOR WOMEN - 36	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or t	own, of pregna	County of pregnancy termination MARION					
Patient's age** 29	Marrie	d Yes No	Date of pregnancy term <b>07/07/20</b>		Educat	tion	Some	e College, No Degree			
Race American Indian Native Hawaiian Live Births:	n or Othe		☐ Asian ■ Blace ☐ White ☐ Other		an American	Unl		Hispanic or Latino Not Hispanic or Latino Unknown			
Other Termination	ns: N	umber of spontaneou				Numb	er of induced to	erminations			
Dates of termination		ot include this termin	ation. If more than six (6	(i), those mo	ost recent.)			1			
1. 12/30/2017	2		3		4	1	5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				List any preex complicate the	isting medical conditions of the patient that may abortion			
Fetus viable?		If viable, medical	reason for termination:					The state of the s			
☐ Yes ■	No						■ None	nplication(s) of Pregnancy Termination  Uterine Perforation			
							Hemori	<del>-</del>			
Pathological examir performed?	nation	If yes, results:					☐ Infection	<u> </u>			
Performed?  ■ Yes □	No	CHORIONIC SA	C & VILLI				Other (	Specify)			
							nation of pregnancy result in a maternal death				
						∐ Yes ■	No				
			Туре	e of Termir	nation Procedur						
Procedure that Term  Medical (Nons)		• •					that Terminate rgical) Mifepri	•			
Medical (Nons	urgical)	Misoprostol			☐ Medical	(Nonsui	rgical) Misopro	ostol			
Medical (Nons	urgical)	Other (Specify)			☐ Medical	Medical (Nonsurgical) Other (Specify)					
Check the box indices The manufacture. The patient sign	eating the er's instr ed the pa	e following items we ructions provided to	the patient		Check the bo The man	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage					
	cal) Mei	nstrual Aspiration			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgic Was the fetus viab	le or hav		llowing question. age at least 20 weeks?		Was the fet		le or have a pos	answer the following question.  It fertilization age at least 20 weeks?			
If the previous ques	tion was the best	answered yes, compoportunity to surviv	lete the following questic ve?	ons.	Was the fetu	-	the best opport	ed yes, complete the following questions. tunity to survive?			
	ired the		the pregnant woman death or serious impairm			hat requ	ired the proced	nination that the pregnant woman had a lure to avert death or serious impairment to			
List the name of the	second d	octor present, as requi	ired under IC 16-34-2-3(a	)(3)	List the name	e of the	second doctor	present, as required under IC 16-34-2-3(a)(3)			
Date last normal me	_	an 19/2018	Physici	e of gestation (i	n weeks	Pos	st fertilization age of the fetus (in weeks)  5				
How were the gesta SONOGRAM	tional ag	e and post fertilization	on age determined?				ı				
Was a waiver of cons	ent obtai	ned?	s • No	Was	a waiver of not	ification	n obtained?	☐ Yes ■ No			
Is the patient seeking	an aborti	on as a result of being	any of the following?	Abu	sed	☐ C	oerced	☐ Harassed ☐ Trafficked			
Full name of physic RESAD PASIC	ian perfo	rming termination									
Address of physicia 2411 NEWBURG I	-	-	mber and street, city, sta 05	te, and zip	code)						
**Date Reported	to DCS	if Patient under 1	6 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address 07 WEST 1	6TH STREET SUITE B2,	46222	City or	town, of pregna				County of pr	regnancy termination MARION			
Patient's age**	Marrie		Date of pregn	•		Educa	tion			_ <del></del>			
Race	L	■ Yes □ No		07/07/201	18				Ethnicity	Unknown v			
☐ American Indian☐ Native Hawaiian☐			☐ Asian ☐ White	■ Black		an American	☐ Un	ıknown	☐ Hisp	anic or Latino Hispanic or Lat	tino 🔲 Unknown		
Live Births:	N	umber now living	1					per now d		0			
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numb	per of ind	uced termi	inations <b>0</b>			
Dates of termination	ns (Do no	ot include this termin	ation. If more ti	han six (6)	), those m	ost recent.)							
Fetus delivered alive	2 e?	If yes, length of ti	me fetus surviv	ed:		4		5 List any	preexistin	ng medical cond	6litions of the patient that may		
☐ Yes ■		7 7 7							cate the abo		1		
Fetus viable?  Yes	No	If viable, medical	reason for term	ination:					Compli	cation(s) of Pre	egnancy Termination		
	110							■ N	None	· · · ·	Uterine Perforation		
Pathological examir	nation	If yes, results:						_	Iemorrhag	ge 🗆	Cervical Laceration		
performed?  • Yes		CHORIONIC SA	C & VILLI						nfection Other ( <i>Spe</i>	cify)	Retained Products		
i ies L	INO		O G 7.22.						, 1	327			
								Did this ☐ Yes			cy result in a maternal death?		
				Туре	pe of Termination Procedures								
Procedure that Term						Additional P							
Medical (Nonsi	urgical)	Misoprostol							lifepristor Iisoprosto				
Medical (Nons	urgical)	Other (Specify)				☐ Medical	(Nonsu	ırgical) C	ther (Spec	cify)			
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration											ompleted		
Medical (Surgi	cal) proce	edures, answer the fo				For Medical	(Surgica	al) proced		ver the following			
☐ Yes	■ No	e a post fertilization				Was the fe		le or have No	e a post fe	rtilization age a	at least 20 weeks?		
		answered yes, comp opportunity to survi		ng questio	ns.	Was the fet	-	n the best	•	es, complete the ty to survive?	ne following questions.		
	ired the	determination that procedure to avert					hat requ	ired the			pregnant woman had a or serious impairment to		
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second o	loctor pres	sent, as require	ed under IC 16-34-2-3(a)(3)		
Date last normal me	_	an <b>22/2018</b>		Physicia	n estimat	e of gestation (	in week.	s)	Post fe	ertilization age	of the fetus (in weeks)		
How were the gesta			on age determin	ed?		-							
Was a waiver of cons						a waiver of no			d?	☐ Yes	■ No		
Is the patient seeking			g any of the follo	wing'?	☐ Abı	ısed		Coerced		Harassed	☐ Trafficked		
Full name of physic RESAD PASIC	ian perto	uning termination											
Address of physicia	-	=		t, city, stat	e, and zip	code)							
2411 NEWBURG F	ND, LUC	JISVILLE, KY 402	ບວ										
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Facility Name and A		6TH STREET SUITE B2, I	NDIANAPOLIS, IN 4622	City (	INDIANAPOLIS				County of pro	egnancy termination MARION	
Patient's age** 23	Marrie	ed Yes No	Date of pregnanc	ey termination 07/2018	I	Education		High Scho	ool Diploma o	r GED	
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	= =	Black or Af	rican Ameri		] Unknown	■ Not 1	y anic or Latino Hispanic or Lat	ino 🔲 Unknown	
Live Births:		umber now living	2				lumber now		0		
Other Termination	ns: N	umber of spontaneou	us terminations <b>0</b>			N	lumber of in	duced termi	nations <b>0</b>		
Dates of termination		ot include this termin		six (6), those	most recent	.)					
Fetus delivered aliv		If yes, length of ti	me fetus survived:		4			ny preexistin	-	itions of the patient that may	
Fetus viable?  Yes	No	If viable, medical	reason for termina	tion:				Complie None Hemorrhag		gnancy Termination Uterine Perforation Cervical Laceration	
Pathological examir	nation	If yes, results:					$\exists \exists$	Infection	,-	Retained Products	
performed?	No	CHORIONIC SA	C & VILLI					Other (Spec	_	1100000	
	110										
							Did th			y result in a maternal death?	
				Type of Ter	mination Pro	cedures					
Procedure that Term	ninated P	regnancy					edure that Te	erminated P	regnancy		
Medical (Nons							onsurgical)				
☐ Medical (Nons							onsurgical) onsurgical)				
Check the box indic	cating the rer's instr led the pa		ere completed	on	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage						
	cal) Mei	nstrual Aspiration			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
Was the fetus viab ☐ Yes	le or hav	edures, answer the fo	age at least 20 wee		Was	the fetus Yes	viable or ha	ve a post fe		t least 20 weeks?	
	the best	answered yes, compoportunity to surviv		questions.		he fetus g		•	es, complete the	e following questions.	
	ired the	determination that procedure to avert of			condit		required the			pregnant woman had a or serious impairment to	
List the name of the	second d	octor present, as requi	ired under IC 16-34	-2-3(a)(3)	List the	e name o	f the second	doctor pres	sent, as require	d under IC 16-34-2-3(a)(3)	
Date last normal me	05/	15/2018		hysician estin	nate of gestar	tion (in w	veeks)	Post fe	ertilization age	of the fetus (in weeks)  6	
How were the gestar SONOGRAM	tional ag	e and post fertilization	on age determined?	,							
Was a waiver of cons					as a waiver				Yes	No	
Is the patient seeking			any of the following	ng? $\square$ A	Abused		Coerced		Harassed	☐ Trafficked	
Full name of physic RESAD PASIC	ian perfo	orming termination									
Address of physicia	-	ming termination (nu		ty, state, and	zip code)						
2411 NEWBURG I	RD, LOI	JISVILLE, KY 4020	05								
**Date Reported	to DCS	, if Patient under 1	6 (month, day, yed	ar):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Reports for all other patients shall be submitted to the Indiana State Department of Health no later than 30 days after each termination is

periorineu.	ialiule it	ille triis report on	ume as required is a v		<u> </u>			).				
Facility Name and A CLINIC FOR WOMEN - 36	Address 07 WEST 1	6TH STREET SUITE B2,	INDIANAPOLIS, IN 46222	City or t	town, of pregna	-			County of pregnancy termination  MARION			
Patient's age** 26	Marrie [	d ☐ Yes ■ No	Date of pregnancy term <b>07/07/20</b>		Educa	tion		Ass	ociate Degree			
Race American Indian Native Hawaiian Live Births:	n or Othe	ka Native r Pacific Islander umber now living	Asian Blace White Other		an American	☐ Unl Numb		Not	y vanic or Latino Hispanic or Latino Unknown			
Other Termination	ns: N	umber of spontaneou	us terminations			Numb	er of induce	d term	inations 1			
Dates of termination  1. UNKNOWN		t include this termin	ation. If more than six (6	6), those me	ost recent.)		5.		6.			
Fetus delivered alive		If yes, length of ti	me fetus survived:				List any pre		ng medical conditions of the patient that may ortion			
Fetus viable?  Yes		,	reason for termination:				Non	_	cation(s) of Pregnancy Termination  Uterine Perforation  Gervical Laceration			
Pathological examin performed?  • Yes		If yes, results:  CHORIONIC SA	C & VILLI				Othe	ction er (Spe				
							Did this ter ☐ Yes	minati	ion of pregnancy result in a maternal death?  Jo			
			Тур	e of Termi	nation Procedu	res						
Procedure that Term  Medical (Nons)  Medical (Nons)  Medical (Nons)	urgical)	Mifepristone Misoprostol			Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone  Medical (Nonsurgical) Misoprostol  Medical (Nonsurgical) Other (Specify)							
Check the box indic  The manufactur  The patient sign  Medical (Surgion	eating the rer's instrued the par- cal) Suci cal) Mer	e following items we uctions provided to tient agreement tion Curettage astrual Aspiration	the patient		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)							
☐ Yes ☐ If the previous quest Was the fetus given ☐ Yes ☐ What was the ba	le or have No tion was the best No sis for	e a post fertilization answered yes, comp opportunity to survi-	age at least 20 weeks?	had a	Was the fet  ☐ Y  If the previou  Was the fett ☐ Y  What was	tus viably Yes  Las question us given Yes  the base hat requ	le or have a page No on was answer the best opp No sis for determined the product.	post fevered y portuni	wer the following question. ertilization age at least 20 weeks?  ves, complete the following questions.  tity to survive?  tion that the pregnant woman had a to avert death or serious impairment to			
List the name of the	second d	octor present, as requ	ired under IC 16-34-2-3(a	1)(3)	List the nam	e of the	second doct	tor pre	sent, as required under IC 16-34-2-3(a)(3)			
Date last normal me	05/	16/2018		an estimate	e of gestation (i	in weeks	5)	Post fo	ertilization age of the fetus (in weeks)  6			
How were the gestar SONOGRAM	tional age	e and post fertilization	on age determined?									
Was a waiver of cons	sent obtain	ned?	s • No	Was	a waiver of not	tification	n obtained?	-	☐ Yes ■ No			
		on as a result of being	any of the following?	Abu	ısed	□ C	oerced		Harassed Trafficked			
Full name of physic RESAD PASIC		_										
Address of physicia 2411 NEWBURG F	-	-	mber and street, city, sta 05	ite, and zip	code)							
**Date Reported	to DCS	if Patient under 1	6 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN 4	46222	City or t	own, of pregna	•			County of p	pregnancy termination  MARION
Patient's age**	Marrie	ed	Date of pregna	ancy termina	ation	Educat	tion				
24		Yes No	0	7/07/2018				H		ol Diploma	or GED
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ☐ White	Black o	or Africa	nn American	_	known	■ Not I	y anic or Latino Hispanic or L	
Live Births:	N	umber now living	1						leceased	0	
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	er of ind	uced termi	nations 3	
Dates of termination  1. UNKNOWN		ot include this termin 06/22/2017	ation. If more th			ost recent.)		5			6
Fetus delivered aliv		If yes, length of ti	me fetus survive	ed:					y preexistin cate the abo	-	nditions of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for termi	ination:					None		regnancy Termination Uterine Perforation Cervical Laceration
Pathological examir performed?  • Yes	nation No	If yes, results:  CHORIONIC SA	C & VILLI						Hemorrhag Infection Other (Spec		Retained Products
								Did thi			ncy result in a maternal death
				Type of	Termir	nation Procedur	es_				
Procedure that Term	ninated P	regnancy				Additional Pr	ocedure	that Te	minated P	regnancy	
☐ Medical (Nons ☐ Medical (Nons ☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	Nonsu	rgical) N	Mifepriston Misoprosto Other (Spec	l	
For Medical (Nonsu Check the box indice The manufacture The patient sign Medical (Surgi Medical (Surgi Medical (Surgi	ere completed	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)									
Was the fetus viab  ☐ Yes  If the previous ques  Was the fetus giver	le or have No tion was	edures, answer the fo e a post fertilization answered yes, compoportunity to surviv	age at least 20 w	veeks?		☐ Y If the previou Was the fett	us viab es [ s questi	le or hav No on was a the best	e a post fer	rtilization age	e at least 20 weeks? the following questions.
	aired the	determination that procedure to avert of					nat requ	ired the			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requi	ired under IC 16-	-34-2-3(a)(3)	)	List the name	e of the	second	doctor pres	sent, as requi	red under IC 16-34-2-3(a)(3
Date last normal me	04/	28/2018			estimate	of gestation (i	n weeks	·)	Post fe	ertilization ag	e of the fetus (in weeks)  8
How were the gesta	tional ag	e and post fertilization	on age determine	ed?							
Was a waiver of cons						waiver of not			ed?	Yes	■ No
Is the patient seeking			any of the follow	wing?	Abu	sed	□ C	oerced		Harassed	☐ Trafficked
Full name of physic RESAD PASIC											
Address of physicia 2411 NEWBURG I	-	ning termination (nu.		, city, state, c	and zip	code)					
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/07/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN	46222	INDIANAPOLIS					County of		cy termination	
Patient's age**	Marrie	ed.	Date of pregn	nancy termin	nation	Educa	tion						
30		Yes No	. (	07/07/2018	8				Some Co	ollege, No l	Degree		
Race American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ White	■ Black □ Other		an American		ıknown	■ Not I	y anic or Latin Hispanic or I		☐ Unknown	
Live Births:	N	umber now living	3				Numl	per now c	leceased	0			
Other Termination	ns: N	umber of spontaneou	is terminations				Numb	per of ind	uced termi	nations 0			
		ot include this termin											
		£				4		5					
Fetus delivered aliv		If yes, length of tin	me fetus surviv	red:					y preexistin cate the abo		nditions (	of the patient that may	
Fetus viable?	NT.	If viable, medical	reason for term	nination:					Compli	cation(s) of I	Pregnanc	y Termination	
☐ Yes ■	No								None		_	ne Perforation	
								=	Hemorrhag	_		cal Laceration	
Pathological examing performed?	nation	If yes, results:							Infection		] Retain	ned Products	
■ Yes □	No	CHORIONIC SA	C & VILLI						Other (Spec	cify)			
								Did thi ☐ Ye			ncy resu	It in a maternal death?	
		<u>I</u>			2.5			re	υ <u>□</u> ΙΝ	<u> </u>			
Drogadura that T	ninetal D	ragnangy		Туре	of Termi	nation Procedur		a that T	minata I D	rooner a			
Procedure that Term  Medical (Nons		•			Additional Procedure that Terminated Pregnancy  Medical (Nonsurgical) Mifepristone								
☐ Medical (Nons	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) N	Misoprosto	l			
☐ Medical (Nons	urgicai)	Other ( <i>Specify</i> )				Medical	(Nonsu	irgicai) (	Other (Spec	uy)			
F M-4:1 (M	: -1\		- f-11i			F M-J:1	N	:1)					
		rocedures, answer the following items we		estion		For Medical ( Check the bo							
		ructions provided to	the patient						_	vided to the	patient		
The patient sign  Medical (Surgi									itient agree ion Curetta				
Medical (Surgi	cal) Mer	nstrual Aspiration				Medical (Surgical) Menstrual Aspiration							
☐ Medical (Surgi	cal) Oth	er (Specify)				☐ Medical (Surgical) Other (Specify)							
		edures, answer the following				For Medical (							
	le or have	e a post fertilization a	age at least 20 v	weeks?			tus viab		e a post fei	tilization ag	e at least	20 weeks?	
		answered yes, compl		ng question	ıs.	_	-		-	-		wing questions.	
	n the best ☐No	opportunity to surviv	ve?				us giver Yes [		opportunit	y to survive	?		
		determination that										ant woman had a	
the pregnant woman		procedure to avert d	.cum or serious	, impaninci		the pregnan			procedure	to avert dea	un of ser	rious impairment to	
List the name of the	second d	octor present, as requi	ired under IC 16	5-34-2-3(a)(3	3)	List the nam	e of the	e second	doctor pres	sent, as requi	ired unde	er IC 16-34-2-3(a)(3)	
Date last normal me	_	an <b>07/2018</b>		Physician	n estimat	e of gestation (i	n week.	s)	Post fe	ertilization ag	ge of the	fetus (in weeks)	
How were the gesta		e and post fertilization	on age determin	led?									
Was a waiver of cons	sent obtain	ned?	; <b>I</b> N	Jo.	Was	a waiver of not	ificatio	n obtain	-d?	☐ Yes	■ N		
		on as a result of being			Abu			Coerced		Harassed		o Frafficked	
Full name of physic				-	-								
RESAD PASIC													
Address of physicia  2411 NEWBURG I	-	ning termination (num		t, city, state	e, and zip	code)							
	,	, <del></del>											
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/06/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A CLINIC FOR WOMEN - 36	Address 07 WEST 1	6TH STREET SUITE B2	46222	City or t	town, of pregna	•			County of	-	cy termination		
Patient's age**	Marrie		Date of pregn	•		Educa	tion						
Race		Yes No		07/07/20 <sup>-</sup>	18			Н	igh Scho	ol Diploma	or GE	D	
American Indian Native Hawaiian	n or Othe	ka Native r Pacific Islander umber now living	Asian White	■ Blac □ Othe		an American		nknown ber now d	☐ Hispa ■ Not I	anic or Latin Hispanic or I		Unknown	
Live Births:			1							0			
Other Termination	15.	umber of spontaneo	0				Numt	ber of ind	uced termi	nations 3			
Dates of termination  1. UNKNOWN		t include this termi UNKNOWN	nation. If more t		), those m	ost recent.)		5			6		
Fetus delivered alive  ☐ Yes  ■		If yes, length of t	time fetus surviv	ed:					preexisting preexi		nditions	of the patient that m	nay
Fetus viable?	No	If viable, medica	l reason for term	nination:				1	Compli			y Termination ne Perforation	
Pathological examin performed?		If yes, results:	AC & VILLI					_ ı	Hemorrhag Infection Other (Spec		•	cal Laceration ned Products	
								Did this			ncy resu	lt in a maternal dea	ath?
				Type	of Termi	nation Procedu	res						
Procedure that Term	ninated P	regnancy		71		Additional P		e that Ter	minated P	regnancy			
Medical (Nonst	urgical)	Misoprostol				☐ Medical	(Nonsu	irgical) N	Mifepriston Misoprosto Other (Spec	l			
For Medical (Nonsu Check the box indic The manufactur The patient sign Medical (Surgi Medical (Surgi Medical (Surgi	eating the rer's instrued the par- cal) Succal) Mer	e following items w ructions provided to tient agreement tion Curettage nstrual Aspiration	ere completed	estion		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)							
If the previous quest Was the fetus given	le or have No tion was the best No sis for	e a post fertilization answered yes, compoportunity to surv determination that	plete the following: the pregnant	weeks?  ng questio  woman 1	had a	If the previou Was the fet What was condition t	tus viaby Yes [ Is quest Us given Yes [  the ba hat requ	ole or hav No ion was a the best No asis for uired the	e a post fer nswered you opportunit	es, complete by to survive	e at least the follo		
List the name of the		octor present, as req	uired under IC 16	5-34-2-3(a)	)(3)	the pregnan			doctor pres	sent, as requi	red und	er IC 16-34-2-3(a)(	(3)
Date last normal me	_	an <b>25/2018</b>		Physicia	an estimate	e of gestation (	in week.	s)	Post fe	ertilization ag	ge of the	fetus (in weeks)	
How were the gestar SONOGRAM	tional age	e and post fertilizati	ion age determin	ned?					•				
Was a waiver of cons						a waiver of no			:d? _	Yes	■ N		
Is the patient seeking  Full name of physic			g any of the follo	owing?	☐ Abı	ısed		Coerced		Harassed		Trafficked	
RESAD PASIC													
Address of physicial 2411 NEWBURG F	-	=		t, city, stat	te, and zip	code)							
**Date Reported	to DCS	, if Patient under	16 (month, day	, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A		6TH STREET SUITE B2,	INDIANAPOLIS, IN 4	16222	City or t	own, of pr	-	cy termi			County of 1	pregnancy termination MARION
Patient's age** 28	Marrie [	ed Yes • No	Date of pregna	ancy term 07/07/201		Е	ducatio	on		9th-12	th, No Dipl	oma
Race American Indian			Asian		k or Africa	an Americ	an	<b>-</b>			anic or Latin	
☐ Native Hawaiiai Live Births:		umber now living	White 3	☐ Othe	er			Unkı Numbe	nown r now de		Hispanic or L  0	atino Unknown
Other Termination	ns:	umber of spontaneou					1	Number	r of indu	ced termi		
Dates of termination	ns (Do no	ot include this termin	nation. If more th	an six (6)	), those mo	ost recent.	)					
Fetus delivered aliv		If yes, length of ti	me fetus survive	ed:	<u> </u>	4			-	preexistin te the abo	-	aditions of the patient that may
Fetus viable?  Yes	No	If viable, medical	reason for termi	nation:						one		regnancy Termination Uterine Perforation Cervical Laceration
Pathological examir performed?		If yes, results:							_ In	emorrhag fection ther (Spec		
									Did this ☐ Yes	terminatio		ncy result in a maternal death?
				Туре	of Termin	nation Pro	cedures	S				
Procedure that Term										ninated Pi	•	
Medical (Nons     Medical (Nons     Medical (Nons	urgical)	Misoprostol				☐ Med	dical (N	Nonsurg	gical) M	ifepriston isoprostol her ( <i>Spec</i>	l	
For Medical (Nonsu Check the box indice The manufacture The patient sign Medical (Surgine M		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)										
	,	edures, answer the fo	llowing question	1.		Medical (Surgical) Other (Specify)  For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab ☐ Yes	le or hav ☐ No	e a post fertilization	age at least 20 w	veeks?		Was t	he fetus	s viable	or have	a post fer	rtilization age	e at least 20 weeks?
	the best	answered yes, comp opportunity to survi		ig questio	ns.	Was th	e fetus	-	the best o	-	es, complete by to survive?	the following questions.
	iired the	determination that procedure to avert of				conditi	ion that		red the p			e pregnant woman had a th or serious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)	(3)	List the	name o	of the s	econd do	octor pres	sent, as requi	red under IC 16-34-2-3(a)(3)
Date last normal me	05/	17/2018		-	ın estimate	of gestat	ion (in	weeks)		Post fe	ertilization ag	ge of the fetus (in weeks)
How were the gesta SONOGRAM	tional ag	e and post fertilization	on age determine	ed?								
Was a waiver of cons						a waiver o					Yes	■ No
Is the patient seeking Full name of physic			g any of the follow	wing?	☐ Abu	ised		Coe	erced		Harassed	☐ Trafficked
RESAD PASIC												
Address of physicia 2411 NEWBURG I	-	ning termination (nu JISVILLE, KY 402		city, stat	e, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/06/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A CLINIC FOR WOMEN - 36	Address	6TH STREET SUITE B2,	•			town, of pregna	ıncy ter	mination		County of p	regnancy termina	ation
Patient's age**	Marrie		Date of pregr	•		Educa	tion					
Race		Yes No		07/07/201	18				Some Co Ethnicity	ollege, No D	egree	
☐ American Indiar ☐ Native Hawaiiar			☐ Asian ■ White	☐ Black		an American	□Ur	ıknown	☐ Hisp	anic or Latino Hispanic or La		Jnknown
Live Births:		umber now living	2		<u> </u>			ber now d		0		
Other Termination	ns: N	umber of spontaneo					Numl	ber of ind	uced termi	nations 0		
Dates of termination	ns (Do no	t include this termin	nation. If more t	han six (6)	), those m	ost recent.)		5			6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:							ditions of the patie	ent that may
☐ Yes ■	No							complic	cate the abo	ortion		
Fetus viable?		If viable, medical	reason for term	ination:				-				
☐ Yes ■	No	,							_		egnancy Termina	
								_	None Hemorrhag	re $\square$	Uterine Perfora Cervical Lacera	
Pathological examin performed?	nation	If yes, results:						_	nfection		Retained Produ	cts
Yes •	No								Other (Spec	cify)		
								Did this			cy result in a mat	ternal death?
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated P	regnancy				Additional P	rocedur	e that Ter	minated P	regnancy		
Medical (Nonsu									Aifepriston			
Medical (Nonst						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
For Medical (Nonsu Check the box indic				estion						nswer the follo	owing question	
The manufactur	_	_	_			☐ The man	ufactur	er's instru	ictions pro	vided to the p	-	
The patient sign									tient agree			
	cal) Mer	strual Aspiration					(Surgio	cal) Mens	strual Aspi	ration		
Medical (Surgio	cal) Oth	er (Specify)				Medical	(Surgio	cal) Other	r (Specify)			
For Medical (Surgic		dures, answer the for e a post fertilization	• .							ver the follow	ing question. at least 20 weeks	s?
☐ Yes [	☐ No	_				□ <i>Y</i>	es [	No	•			
If the previous quest Was the fetus given		answered yes, comp opportunity to survi		ng questio	ns.	-	•			es, complete t ty to survive?	he following que	stions.
	No						Yes [		оррогия	y to survive.		
		determination that procedure to avert									pregnant wom	
the pregnant woman		procedure to avert	death of serious	у пирания	one to	the pregnan			procedure	to avert death	i or serious impa	animent to
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second o	loctor pres	sent, as requir	ed under IC 16-3	34-2-3(a)(3)
Date last normal me	_			Physicia	n estimat	e of gestation (	in week	s)	Post fe	ertilization age	of the fetus (in v	weeks)
How were the gestat		24/2018	on age determin	ed?		7					5	
SONOGRAM	tional ag	c and post fortinzation	on age determin	icu:								
Was a waiver of cons						a waiver of no			d?	Yes	■ No	
Is the patient seeking			g any of the follo	owing?	☐ Abı	ısed		Coerced		Harassed	Trafficked	
Full name of physics RESAD PASIC	1a11 pef10	mmg temmation										
Address of physician 2411 NEWBURG F	-	-		t, city, stat	e, and zip	code)						
	,	, 101 702										
**Date Reported	to DCS	, if Patient under	16 (month, day	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/03/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST	16TH STREET SUITE B2,	NDIANAPOLIS, IN 46222	INDIANAPOLIS				County of pregnancy termination MARION			
Patient's age** Marrie	ed □ Yes ■ No	Date of pregnancy t		Educa	tion	High Scho	ool Diploma or GED			
Race American Indian or Alas Native Hawaiian or Othe	er Pacific Islander	= =	Black or Afric Other	can American	Unl	known Not	y anic or Latino Hispanic or Latino			
Live Births:	Number now living	1				er now deceased	0			
Other Terminations:	Number of spontaneou	us terminations 0			Numb	er of induced term	inations <b>0</b>			
Dates of terminations (Do no	ot include this termin		x (6), those m	ost recent.)		_	,			
Fetus delivered alive?  Yes No	If yes, length of ti	me fetus survived:		4.		List any preexistic complicate the ab	ng medical conditions of the patient that ma ortion	ay		
Fetus viable?  Yes No	If viable, medical	reason for termination	1:			None	cation(s) of Pregnancy Termination  Uterine Perforation  Cervical Laceration	_		
Pathological examination performed?  Yes No	If yes, results:					☐ Hemorrhag	Retained Products			
						Did this terminat  Yes N	ion of pregnancy result in a maternal dea	ith?		
		Т	ype of Termi	nation Procedu	res					
Procedure that Terminated F	Pregnancy			Additional Pr	rocedure	that Terminated F	regnancy			
<ul><li>Medical (Nonsurgical)</li><li>Medical (Nonsurgical)</li><li>Medical (Nonsurgical)</li></ul>	Misoprostol			<ul> <li>☐ Medical (Nonsurgical) Mifepristone</li> <li>☐ Medical (Nonsurgical) Misoprostol</li> <li>☐ Medical (Nonsurgical) Other (Specify)</li> </ul>						
For Medical (Nonsurgical) p Check the box indicating th  The manufacturer's inst  Medical (Surgical) Suc Medical (Surgical) Me Medical (Surgical) Oth	e following items we ructions provided to attent agreement ction Curettage instrual Aspiration	ere completed		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)						
For Medical (Surgical) procedures the fetus viable or have Yes No	e a post fertilization	age at least 20 weeks		Was the fe □ Y	tus viabl	le or have a post fe No	wer the following question. rtilization age at least 20 weeks? res, complete the following questions.			
Was the fetus given the best		• .	stions.	Was the fet	•	the best opportuni				
What was the basis for condition that required the the pregnant woman?					hat requ	ired the procedure	tion that the pregnant woman had a to avert death or serious impairment to			
List the name of the second of	loctor present, as requ	ired under IC 16-34-2-	3(a)(3)	List the nam	e of the	second doctor pre	sent, as required under IC 16-34-2-3(a)(	(3)		
	/05/2018		sician estimat	ee of gestation (a	in weeks	Post f	ertilization age of the fetus (in weeks) 7			
How were the gestational ag	ge and post fertilization	on age determined?								
Was a waiver of consent obtain				a waiver of not			Yes No			
Is the patient seeking an abortion Full name of physician performance of physician performance of the patient seeking an abortion of the patient seeking and the patient seeking an abortion of the patient seeking and the patient seekin		any of the following?	☐ Abı	used	□ C	oerced	Harassed Trafficked			
RESAD PASIC  Address of physician perform	ming termination (	unh on and atmost site.	atata and -in							
2411 NEWBURG RD, LO	-		siuie, ana zip	· couej						
**Date Reported to DCS										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/02/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address 07 WEST 1	6TH STREET SUITE B2,	INDIANAPOLIS, IN 4	46222	City or t	town, of pregna				County of p	_	ry termination RION
Patient's age**	Marrie	ed .	Date of pregna	ancy termi	ination	Educa	tion					
24		Yes No	0	7/07/201	8			ı		ollege, No D	egree	
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	☐ Asian ■ White	☐ Black		an American		ıknown	☐ Not I	/ anic or Latino Hispanic or L		Unknown
Live Births:	N	umber now living	0				Numl	ber now de	eceased	0		
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numl	ber of indu	iced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	nation. If more th	an six (6)	, those m	ost recent.)		5			6	
Fetus delivered aliv		If yes, length of ti	me fetus survive	ed:					preexisting preexi		ditions o	of the patient that may
Fetus viable?	No	If viable, medical	reason for termi	ination:				_	Complice None Hemorrhage		Uterine	7 Termination e Perforation al Laceration
Pathological examin performed?		If yes, results:						☐ Iı	nfection Other (Spec			ed Products
								Did this			ncy resul	t in a maternal death?
				Туре	of Termi	nation Procedu	res					
Procedure that Term						Additional Pr						
Medical (Nons     Medical (Nons     Medical (Nons	urgical)	Misoprostol		☐ Medical	(Nonsu	irgical) M	lifepriston lisoprostol other (Spec	l				
The patient sign  Medical (Surgi	cating the rer's instr ed the par cal) Succ cal) Mer	e following items we ructions provided to tient agreement tion Curettage nstrual Aspiration	ere completed	stion		☐ The patie	ox indicurfacturent sign (Surgiculation)	eating the er's instrumed the pareal) Suctional) Mens	following ctions pro tient agree	items were c vided to the ment ge	omplete	
For Medical (Surgic Was the fetus viab	le or have	edures, answer the for						ole or have		ver the follow		
If the previous ques Was the fetus giver	tion was	answered yes, comp opportunity to survi		ng question	ns.	If the previous Was the fet	ıs quest	ion was an		es, complete by to survive?		wing questions.
	iired the	determination that procedure to avert					hat requ	uired the p				ant woman had a ious impairment to
List the name of the	second d	octor present, as requ	ired under IC 16-	-34-2-3(a)(	(3)	List the nam	e of the	e second d	loctor pres	sent, as requi	red unde	r IC 16-34-2-3(a)(3)
Date last normal me	_	an <b>05/2018</b>		Physicia	n estimat	e of gestation (i	in week	s)	Post fe	rtilization ag	e of the f	fetus (in weeks)
How were the gesta SONOGRAM	tional ago	e and post fertilization	on age determine	ed?								
Was a waiver of cons					<u> </u>	a waiver of not			d?	Yes	■ No	
Is the patient seeking Full name of physic			g any of the follow	wing?	☐ Abı	ised		Coerced		Harassed	T	rafficked
RESAD PASIC												
Address of physicia 2411 NEWBURG I	-	=		, city, state	e, and zip	code)						
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/06/2018

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Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address 07 WEST 1	6TH STREET SUITE B2, I	NDIANAPOLIS, IN	46222	City or t	town, of pregna	•			County of p	oregnancy terr		
Patient's age**	Marrie	ed	Date of pregna	ancy term	ination	Educa	tion						
29	_	Yes No	(	7/11/201	18			F		ool Diploma	or GED		
Race American Indian Native Hawaiian	n or Othe	r Pacific Islander	Asian White	☐ Black		an American		known	☐ Not I	y anic or Latino Hispanic or L		■ Unknown	
Live Births:		umber now living	2					er now c		0			
Other Termination	ns: N	umber of spontaneou	is terminations <b>0</b>				Numb	er of ind	uced termi	inations 3			
Dates of termination		ot include this termin	ation. If more th			ost recent.)		5			6		
Fetus delivered aliv		If yes, length of ti	me fetus survivo	ed:					y preexistin cate the abo	-	ditions of the p	patient that may	
Fetus viable?  Yes  •	No	If viable, medical	reason for term	ination:					Complic None Hemorrhag		regnancy Terr Uterine Perf Cervical La	foration	
Pathological examin performed?  Yes	nation No	If yes, results:  SAC, CHORION	IC VILLI & FE	TAL PAF	RTS				Infection Other (Spec		Retained Pro		
								Did thi ☐ Ye	s terminati		acy result in a	maternal death?	
				Туре	of Termi	nation Procedur	res						
Procedure that Term	ninated P	regnancy				Additional Pr		that Ter	minated P	regnancy			
Medical (Nons Medical (Nons Medical (Nons	urgical)	Misoprostol				☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Check the box indic	rer's instrued the partical) Succeal) Mer	tion Curettage		For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)									
Was the fetus viab ☐ Yes If the previous ques Was the fetus giver	le or have No tion was	edures, answer the force a post fertilization answered yes, compopportunity to surviv	age at least 20 v	veeks?	ns.	If the previou  Was the fett	tus viab es [ s questi	le or have No ion was a	e a post fer	rtilization age	at least 20 we		
	aired the	determination that procedure to avert of					nat requ	ired the				oman had a impairment to	
List the name of the	second d	octor present, as requi	ired under IC 16	-34-2-3(a)	(3)	List the nam	e of the	second	doctor pres	sent, as requi	ed under IC 1	16-34-2-3(a)(3)	
Date last normal me	05/	01/2018			n estimat	e of gestation (i	n weeks	s)	Post fe	ertilization ag	e of the fetus (	in weeks)	
How were the gesta	tional ag	e and post fertilization	on age determine	ed?									
Was a waiver of cons					Was	a waiver of not	ificatio	n obtaine	ed?	☐ Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	any of the follo	wing?	☐ Abu	ısed		Coerced		Harassed	☐ Traffic	ked	
Full name of physic KATHLEEN GLO	VER												
Address of physicia 3607 WEST 16TH	-	ning termination (nu. T, INDIANAPOLIS		, city, state	e, and zip	code)							
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/07/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and A	Address 07 WEST 1	6TH STREET SUITE B2,	46222	City or	town, of pregna				County of p	regnancy MAR			
Patient's age**	Marrie		Date of pregn	•		Educa	tion						
Race		Yes No	(	07/12/201	18				9th-12 Ethnicity	th, No Diplo	ma		
American Indian Native Hawaiian	n or Othe	er Pacific Islander	☐ Asian ☐ White	☐ Black		an American		ıknown	☐ Hisp	y anic or Latino Hispanic or La	tino	Unknown	
Live Births:	N	umber now living	0					er now d		0			
Other Termination	ns: N	umber of spontaneo	us terminations 0				Numb	per of ind	uced termi	inations <b>0</b>			
Dates of termination	ns (Do no	ot include this termin	ation. If more ti	han six (6)	), those m	ost recent.)							
I	2		3	1		4		5	, mea aviatin	a madical con	6	the patient that may	
Fetus delivered alive  ☐ Yes  ■		If yes, length of ti	me ietus surviv	ed:					cate the abo		attions of	me pauem mat may	
Fetus viable?		If viable, medical	reason for term	ination:				l	Cli	ti(-) -f.D		Tamainatian	
☐ Yes ■	No							<b>1</b>	Complie None	cation(s) of Pr	-	Perforation	
								_	Hemorrhag	<del></del>		l Laceration	
Pathological examir performed?	nation	If yes, results:							nfection		Retaine	d Products	
Yes	No	CHORIONIC SA	C AND VILLI						Other (Spe	cify)			
								Did this			cy result	in a maternal death?	
				Туре	of Termination Procedures								
Procedure that Term	ninated P	regnancy				Additional P	ocedur	e that Ter	minated P	regnancy			
☐ Medical (Nonsi									Aifepristor Aisoprosto				
Medical (Nons													
Check the box indic	For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient  For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient												
Medical (Surgi	cal) Suc	tion Curettage				☐ Medical							
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgio	al) proce	dures answer the fo	llowing questio	nn .		For Medical	(Curaia	al) mragas	luwaa away	ver the followi	ma ayaati	ion	
Was the fetus viab		e a post fertilization					tus viab			rtilization age			
If the previous ques				ng question	ns.		•		•	es, complete t	he follow	ing questions.	
	i the best ∐No	opportunity to survi	ve?				us giver Yes [		opportunit	ty to survive?			
	ired the	determination that procedure to avert				What was	the ba	asis for aired the				at woman had a bus impairment to	
List the name of the	second d	octor present, as requ	ired under IC 16	5-34-2-3(a)	(3)	List the nam	e of the	e second o	doctor pres	sent, as requir	ed under	IC 16-34-2-3(a)(3)	
Date last normal me	_	an ( <b>05/2018</b>		Physicia	n estimat	e of gestation (	n week.	s)	Post fe	ertilization age	of the fe	tus (in weeks)	
How were the gesta SONOGRAM	tional ag	e and post fertilization	on age determin	ed?			_				_		
Was a waiver of cons					Was	a waiver of no	ificatio	n obtaine	ed?	☐ Yes	■ No		
Is the patient seeking	an aborti	on as a result of being	g any of the follo	wing?	☐ Abı	ısed		Coerced		Harassed	☐ Tra	afficked	
Full name of physic	-	rming termination											
Address of physicia		ning termination (nu	mber and street	t, citv. state	e, and zin	code)							
3607 WEST 16TH	-	=		. ,,	~								
**Date Reported	to DCS	, if Patient under	16 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 08/07/2018

\*\* If the patient is less than sixteen (16) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at <a href="mailto:dcshotlinereports@dcs.in.gov">dcs.in.gov</a>.

Further, this <a href="mailto:report shall also be submitted">report shall also be submitted</a> to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5(b))

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222						City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination  MARION			
Patient's age** Married Date of pregnancy termina					ination	Education							
35	High School Diploma or GED												
Race American India Native Hawaiian	can American Ethnicity Hispanic or Latino Unknown Not Hispanic or Latino Unknown						nown						
Live Births:	N	umber now living	4					er now d		0			
Other Termination	Number of induced terminations 5												
Dates of terminations (Do not include this termination. If more than six (6), those mo							I	5	JNKNOW	'N	6. UNKNOWN		
Fetus delivered alive?  Yes No  If yes, length of time fetus survived:						List any preexisting medical conditions of the patient the complicate the abortion						hat may	
Fetus viable? If viable, medical reason for termination:  ☐ Yes ■ No											regnancy Termination Uterine Perforation Cervical Laceration	1	
Pathological examination performed?  Pathological examination If yes, results:  CHORIONIC SAC/ VILLI & FETAL PARTS						☐ Infection ☐ Retained Product ☐ Other (Specify)							
								Did this termination of pregnancy result in a maternal death?  Yes No					
Type of Termination Procedures													
							Additional Procedure that Terminated Pregnancy						
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed  The manufacturer's instructions provided to the patient The patient signed the patient agreement  Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)						For Medical (Nonsurgical) procedures, answer the following question Check the box indicating the following items were completed The manufacturer's instructions provided to the patient The patient signed the patient agreement Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)							
For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?  Yes No						For Medical (Surgical) procedures, answer the following question.  Was the fetus viable or have a post fertilization age at least 20 weeks?  Yes No  If the previous question was answered yes, complete the following questions.  Was the fetus given the best opportunity to survive?  Yes No							
What was the ba condition that requ the pregnant woman	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?												
List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)  List the name of the second doctor present, as required under IC 16-34-2-3(a)(3)											-3(a)(3)		
04/20/2018						e of gestation (in weeks)  12			Post fertilization age of the fetus (in weeks)  10				
How were the gestational age and post fertilization age determined?  SONOGRAM													
Was a waiver of cons						a waiver of not			ed?	Yes	■ No		
Is the patient seeking an abortion as a result of being any of the following?													
Full name of physician performing termination  KATHLEEN GLOVER													
Address of physician performing termination (number and street, city, state, and zip code) 3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222													
**Date Reported	to DCS	, if Patient under 1	6 (month, day,	year):						_			